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New York

President: Mr. Lykketoft ..... (Denmark)

In the absence of the President, Ms. Mejía Vélez (Colombia), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

The Acting President (*spoke in Spanish*): Bearing in mind the tight schedule of the ministers, I would like to strongly encourage representatives to limit their statements to the prescribed time limit of five minutes when speaking in their national capacity and eight minutes when speaking on behalf of a group. That will allow us to accommodate as many speakers as possible.

I now give the floor to His Excellency Mr. Perry Gomez, Minister of Health of the Commonwealth of the Bahamas.

Mr. Gomez (the Bahamas): At the outset, please allow me to take this opportunity to express the support and commitment of the people and the Government of the Commonwealth of the Bahamas with regard to the goal of ending AIDS by 2030. The Government of the Bahamas fully supports this high-level meeting and believes that it represents an important and unique opportunity for all persons and communities in the global AIDS response.

The Bahamas has listened carefully to the statements of various Member States and speakers over the course of this high-level meeting as they review the progress made in achieving the goals of the 2001 Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV and AIDS of 2006, including the obstacles and gaps, challenges and opportunities. The new targets and the ultimate goal of ending the AIDS epidemic require concerted new efforts and bold steps in HIV treatment and prevention, human rights and ensuring global and domestic investments.

The Bahamas has made considerable strides in its national efforts to scale up free antitretroviral treatment services, to make progress towards the elimination of mother-to-child transmission of HIV and to address stigma and discrimination based on HIV/AIDS status. The Government of the Bahamas commits to implementing the fast-track approach to the AIDS response over the next five years. Regionally, the Bahamas has taken the lead on providing access to universal health-care coverage. We will further the work towards achieving the ambitious Joint United Nations Programme on HIV/AIDS fast-track targets for 2020, as endorsed at this high-level meeting, through several means, including preventing new HIV infections, reducingAIDS-related deaths through intensified treatment programmes and eliminating HIV-related discrimination.

The Bahamas notes that those objectives are ambitious and as such require significant efforts to promote HIV/AIDS awareness, prevention and treatment. We agree that it is not business as usual.

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Fast-track implementation will require a multipronged, multisectoral approach with the involvement of important Government and other sectors, as well as international development partners and international public-health agencies, and the global funding mechanisms of other Governments, such as the United States President's Emergency Plan for AIDS Relief and the United States Agency for International Development.

The Bahamas has invested considerably in its campaign to address HIV/AIDS and currently devotes more than 91 per cent of its domestic health-care resources to HIV treatment. Notwithstanding those measures, the Government will continue to strengthen its partnerships with civil society and other non-State actors. The lack of adequate financing and the inefficient use of available resources sometimes pose major challenges to achieving such ambitious targets everywhere.

We need to address the inequality gaps in the emerging demographic and epidemiological patterns. The Sustainable Development Goals (SDGs) are important global planning tools for that process. The Government of the Bahamas reaffirms the 2030 Agenda for Sustainable Development (resolution 70/1) and acknowledges that the implementation of the SDGs can certainly bolster our efforts to end AIDS by 2030. In this new era of development partnerships, the Bahamas HIV/AIDS programme will be tackling the underlying factors that render people vulnerable to HIV infection. The Bahamas is prepared to do whatever is needed to end AIDS by 2030.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Milorad Šćepanović, Director General for Multilateral Relations of the Ministry for Foreign Affairs and European Integration of Montenegro.

Mr. Šćepanović (Montenegro): It is a great honour to address this extraordinary gathering on a matter that has so deeply affected the whole world, especially the marginalized and vulnerable sectors of society. I am certain that this important high-level meeting of the General Assembly on HIV/AIDS will provide a valuable opportunity to further scale up efforts to reverse the AIDS epidemic.

Montenegro aligns itself with the statement delivered on behalf of the European Union (see A/70/PV.99).

In welcoming the Political Declaration on HIV and AIDS that was adopted earlier at this high-level meeting (resolution 70/266, annex), we would like to thank the co-facilitators, the Permanent Representatives of Switzerland and Zambia, for their tireless efforts and leadership in conducting the intergovernmental negotiations.

Despite the significant efforts made over the past 15 years to combat AIDS, treatment has remained unequal across the world. People living with HIV face persistent stigmatization, discrimination and exclusion in all aspects of life and society, including health care. Given the extremely high infection rates in some parts of the world, as well as the death rates once AIDS develops, the pandemic truly represents a global threat to health, development, quality of life and security and stability. Furthermore, the pandemic is aggravated by punitive rules, policies and practices that deny vulnerable populations access to effective services. Although it may not affect every country equally, it affects entire regions, and therefore entire regions must address the issue together.

Progress in combating HIV/AIDS requires expanding the relevant approaches and programmes and advancing social justice and equality in the AIDS response and in global health. It is directly linked to a broader international development agenda and represents a prerequisite for reaching agreed universal development targets. In implementing the 2030 Agenda for Sustainable Development (resolution 70/1), therefore, we must expand a rights-based HIV response and strengthen links with human rights, social justice and the rule of law.

The current HIV/AIDS prevalence rate in Montenegro is 0.17 per cent. However, regional trends indicate a genuine potential for the rapid spread of HIV if prevention among the key target groups is not improved. The cumulative number of people registered with HIV in my country since 1989 is 194, of whom 99 developed AIDS and 47 died.

The Government of Montenegro is strongly committed to combating HIV/AIDS at the country level, strengthening strategic and institutional frameworks and addressing HIV/AIDS through the implementation of various national HIV/AIDS strategies. In the period 2005 to 2015, Montenegro made significant progress in the following areas: the publication of national guidelines as well as prevention and treatment

protocols; the revision of existing laws and policies; and the adoption of new policies and legislation.

Kay target groups have received the necessary materials and information about HIV prevention and medical services. The capacities of health workers have been strengthened, along with the capacity of prison staff, peer education, youth and non-governmental organizations and Government monitoring and evaluation institutions, including biological behavioural surveillance.

A national coordination body was established to ensure a coordinated further national response aimed at tackling the complex medical, social, legal and human rights issues associated with HIV/AIDS. The successes achieved must be maintained, and the national response must be intensified, so that we can provide universal access to key interventions in the field of HIV/AIDS prevention and treatment.

Montenegro is therefore considering ways to strengthen its efforts to respond to the remaining major challenges, including stigmatization and discrimination, as well as the lack of necessary research, data, technical expertise and human resources, and, within the Government, the sustainable and long-term financing of strategic activities. To that end, a new national strategy to combat HIV/AIDS covering the period from 2015 to 2020 was adopted. The Montenegrin strategy seeks to maintain the country's low rate of HIV infection by ensuring universal access to HIV prevention and treatment services and improving quality of life for people living with HIV through a coordinated, multisectoral response. The strategy covers five programme areas, namely, a focus on creating a safe and supportive environment without stigma or discrimination; HIV prevention and treatment services; care and support for people living with HIV; monitoring and coordination; and partnership.

HIV/AIDS clearly represents both an immediate and a long-term crisis for the international community, which cannot simply be addressed by way of a traditional State-centred approach. Success is possible only by ensuring global solidarity in creating strong leadership and commitment, and strengthening international cooperation and coordination to build on existing efforts and avoid overlapping, and with the participation of all the relevant stakeholders.

The crucial involvement of United Nations agencies and programmes, which have already played a significant role in leading the international response, is ever-more important. In doing so, we can be successful in ending the AIDS epidemic by 2030.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Zvonko Milenković, National Coordinator for HIV/AIDS of the former Yugoslav Republic of Macedonia.

Mr. Milenković (The former Yugoslav Republic of Macedonia): I am grateful for this opportunity to speak on behalf of the delegation of the Republic of Macedonia at this important and timely high-level meeting of the General Assembly on HIV/AIDS to discuss the implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS and to present my country's position in my capacity as National Coordinator for HIV/AIDS.

The Republic of Macedonia is currently drafting a new five-year national HIV strategy whose primary aim is to maintain the low HIV prevalence in our country. That will be achieved via a universal approach that includes prevention, treatment, care and support services based on upholding human rights and non-discrimination.

The Republic of Macedonia has a low-level, concentrated HIV epidemic. The small number of people currently living with HIV is attributable, in part, to an effective HIV response to date. The number of people diagnosed has increased in recent years — by one third in the past two and a half years alone.

HIV prevalence is increasing among certain key population groups, particularly men who have sex with men and male sex workers. That recent trend warrants early attention. There have also been small numbers of new diagnoses among other key affected populations, including people who inject drugs. Cases among the general population are low in number.

A significant proportion of people living with HIV are not aware of their status, as indicated by the late diagnoses in 2014, where 41 per cent of the newly diagnosed cases had progressed to AIDS. Poor detection rates lead to late presentation for treatment. That, in turn, adversely affects treatment outcomes, significantly increases short-term mortality risk and reduces the cost-effectiveness of treatment. The introduction of antiretroviral therapy has reduced mortality in recent years, but the data suggest that

earlier detection could significantly improve the effectiveness of antiretroviral therapy.

Total HIV spending in our country increased by nearly 80 per cent between 2008 and 2013. Most of the increase is due to a substantial growth in international funding. The Global Fund to Fight AIDS, Tuberculosis and Malaria has been the country's major international donor, contributing some 90 per cent of all donor funds in recent years.

Our current national strategy on HIV/AIDS will expire at the end of 2016, together with the financial support of the Global Fund. A new five-year national strategic plan is therefore being developed in a very new funding climate, amid concerns for the sustainability of our national HIV response. In response to the new climate, a sustainability and transition plan is being simultaneously developed to identify transitional funding mechanisms and facilitate the shift in the financing of our HIV programmes from international to domestic.

The current reliance on international donors for a substantial portion of HIV financing, coupled with an expected substantial reduction in international assistance in the short term, are key challenges to sustainable HIV programming in our country. Those challenges will be compounded if HIV incidence continues to rise. The further reduction of our dependence on external donor funding will require the establishment of transitional funding mechanisms to supplement and redirect public funding sources.

Optimizing current spending could reduce HIV deaths and new infections substantially and potentially avert a predicted future increase in the epidemic. The allocative efficiency of our current programmes could be improved by increasing investment in antiretroviral therapy and programmes aimed at men who have sex with men. If the current annual budget were allocated optimally among key populations and programmes, an additional 860 new infections and 290 deaths could be prevented by 2030.

The HIV burden in the Republic of Macedonia is increasing from a low base. Without improvements in the allocative efficiency of HIV programming, HIV incidence will increase sharply by 2030. With an optimized allocation of current resources, the number of new HIV infections could be reduced by as much as 85 per cent.

Current annual spending will be enough to achieve the national HIV strategic plan and international targets, but only if it is allocated optimally. With an optimized allocation of funding, annual future spending commitments attributable to new infections may be reduced.

In conclusion, although funding for HIV in the Republic of Macedonia has increased since 2008, international donors have financed much of the increase. Preventive programmes and programmes targeted at key affected groups are primarily funded by international donors. As such, the withdrawal of international funding without a concurrent increase in domestic funding will have a significant negative impact on the HIV epidemic in our country. Therefore, transitional funding mechanisms need to be explored with the aim of raising domestic funding to at least the level of the current total budget for the HIV response. International donor funding must be replaced with alternative funding, and such funding should be spent on an optimal mix of prevention programmes targeted at key affected groups and the scaling up of antiretroviral therapy delivery.

The Acting President (*spoke in Spanish*): I now give the floor to Ms. Esperina Novello Nyilok, Chairperson, HIV and AIDS Commission of the Republic of South Sudan.

Ms. Nyilok (South Sudan): I convey warm greetings from His Excellency the President of the Republic of South Sudan, General Salva Kiir Mayardit. My President could not be here owing to his engagement in the implementation of the Agreement on the Resolution of the Conflict in the Republic of South Sudan.

The Republic of South Sudan aligns itself with the statements delivered by the representatives of the Republic of Zambia on behalf of the African Group and the Kingdom of Thailand on behalf of the Group of 77 and China (see A/70/PV.98).

Allow me to take this opportunity to congratulate the Secretariat and sponsors for their leadership role and coordination of this high-level meeting of the General Assembly on HIV and AIDS. I would also like to thank and express our appreciation to Secretary-General Ban Ki-moon and Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS, for their commendable efforts towards ending the HIV epidemic.

This meeting presents a unique opportunity to reiterate our collective commitment to fast-track the HIV response over the next five years and beyond and to realize the 2030 vision. Reaching that vision entails continued collective partnership among Governments, the private sector and civil society.

The Republic of South Sudan is the world's youngest nation, having attained independence on 9 July 2011 after two decades of civil war. In 2013 the country experienced another political shock, which culminated in the signing and implementation of the Agreement on the Resolution of the Conflict in the Republic of South Sudan.

The population of South Sudan is estimated to be 12 million, with more than 51 per cent under the age of 18 and 72 per cent under the age of 30. South Sudan has a mixed HIV epidemic, with a national prevalence of 2.6 per cent, including 179,000 people living with HIV, 16,000 new infections recorded in 2015 and 13,000 AIDS-related deaths. The epidemic exhibits wide geographic disparity from one state to another.

Despite South Sudan's status as a post-conflict country with numerous challenges, its HIV response has been growing over the years. The number of people living with HIV who are on treatment increased from 3,512 in 2011 to more than 19,000 in 2015. The number of children on treatment also increased, from 164 in 2012 to 726 in 2015. The prevention of mother-to-child transmission has been scaled up considerably, leading to an increase in coverage from less than 18 per cent to the current 41 per cent. The increase can be attributed to the inception of the prevention of mother-to-child transmission Option B+ since 2012.

However, those numbers are still far from the targets that we had set for 2015, owing to the inaccessibility of some areas as a result of civil conflict and mass displacements of the population, especially in conflict areas. South Sudan has been endeavouring to catch up on the key targets, including halving and reversing the epidemic by 2015 and now, ending AIDS as a public-health threat by 2030.

The Government of South Sudan, as can be seen from its progress over the past five years, is committed to the AIDS response and is putting measures in place to address the epidemic across sectors. Apart from the health sector response I mentioned earlier, a number of key ministries have mainstreamed HIV programmes in their respective sectors. The Ministry of Health and the South Sudan HIV/AIDS Commission continue to lead the response and institute key policies, frameworks and guidance for the national AIDS response. The Ministry of Education has incorporated comprehensive sexuality education into the school curriculum so as to empower children and youth, both in and outside of school. The Ministry of Defence and Veterans Affairs and the Ministry of the Interior have instituted HIV programmes as a priority in order to safeguard the health of the uniformed forces, as well as the host communities. A strategy for a HIV response in a humanitarian setting has also been developed to guide the provision of HIV services to internally displaced populations and refugees.

Addressing stigma and discrimination and establishing the legal framework and political and social environments that enable an effective HIV response is a key priority for South Sudan. Furthermore, addressing gender-based violence, including sexual violence in conflict situations and the sexual and reproductive rights of young people, especially young women and adolescent girls, remains high on the agenda of the Government of South Sudan, as the President has pledged to end child marriage by 2030.

Gaps and challenges remain, including infrastructural, human and financial resources, which will take medium- to long-term development efforts to address. The humanitarian crisis has reversed some of the gains in the AIDS response, specifically in conflict-affected areas. South Sudan therefore welcomes a new political commitment to global HIV response so as to provide an impetus for the HIV and AIDS response.

In the spirit of the African Union's Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria in Africa for the period 2012-2015, the Government of South Sudan is committed to progressively contributing to the AIDS response, both in the framework of the health budget and in relevant line ministries.

In conclusion, South Sudan welcomes Africa's common position regarding this high-level meeting of the General Assembly on HIV and AIDS and is fully committed to contributing to the continental targets as a window of opportunity to fast-track the response aimed at reversing and ending the AIDS epidemic as a public-health threat by 2020 and 2030, respectively. We strongly call upon all nations to join efforts and translate the current Political Declaration on HIV and

AIDS (resolution 70/266, annex) into action. That will undoubtedly move the world towards a sustained response to HIV and AIDS. Together, we will achieve that goal.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Malick Sene, Executive Secretary of the National High Commission for the fight against HIV/AIDS of the Republic of Mali.

Mr. Sene (Mali) (*spoke in French*): On behalf of the President of the Republic of Mali, His Excellency Mr. Ibrahim Boubacar Keita, who is unable to attend, I reaffirm the commitment of the Government of Mali to achieving the goal of eliminating HIV/AIDS by 2030.

Over the past 35 years, Mali has carried out its response to the HIV/AIDS epidemic as a national priority. That has generated significant progress, both in prevention and in treatment, based on the protection of human rights, and in reversing HIV/AIDS prevalence to a rate of 1.1 per cent. If not for the crisis facing Mali for the past several years in the north of the country, my country would have reduced that rate to below 1 per cent.

Today the Malian Government's priorities with regard to the elimination of HIV/AIDS are based on five strategic pillars, namely, the elimination of mother-to-child HIV transmission; the protection of highly vulnerable populations in conflict zones, who face, on the one hand, a strong military presence and peacekeeping forces, and on the other, terrorist groups, violent extremists and organized cross-border criminal networks; a response targeted to the gold-mining areas or areas of traditional gold mining, which have become highly concentrated with at-risk populations from other areas of Mali and neighbouring countries and have become places of commerce of all kinds; an accelerated response in the poor areas of large cities, where limited access to basic essential services promotes the rapid spread of HIV; and protecting the human rights of people living with HIV and AIDS and sexual minorities against stigma, discrimination and exclusion.

The Government of Mali is currently developing a political declaration on the elimination of HIV for the next 15 years. The declaration will set out the responsibilities of each group and each sector of Malian society. For its implementation, the Government of Mali will make exceptional efforts to mobilize domestic resources through its national fund to combat AIDS

My delegation calls upon the international community, especially the West African community, to focus its attention on the possible dangers and threats linked to the traditional gold-mining phenomenon in our country, in the context of the fight against HIV/AIDS. Sites for the panning for gold are growing like mushrooms on a fertile ground of widespread poverty and risk, erasing the results of all of the efforts carried out by the Governments of the region. In that regard, the Malian delegation considers a sharper focus on the phenomenon essential, as it recognizes no borders between the West African countries and poses a dangerous risk of altering the epidemiology of HIV in the region, if nothing is done to ensure the elimination of HIV/AIDS.

With respect to United Nations support in Mali and the implementation of the Agreement on Peace and Reconciliation in Mali, in accordance with the Algiers process and with the support of the United Nations Multidimensional Integrated Stabilization Mission in Mali, the Malian delegation has invited the Secretary-General to take the necessary steps towards ensuring the training of peacekeeping personnel in the prevention of the spread of HIV/AIDS and to continue to encourage the training of personnel in peacekeeping operations before their deployment in the field, as much in the fight against HIV/AIDS as in the area of human rights.

This forum is an appropriate place to express thanks on behalf of the Government of Mali to the international community for the multifaceted support that it continues to provide to our country. I also wish to commend the outstanding efforts made by civil society and the entire population in the struggle against the scourge of HIV/AIDS.

The Government of Mali is aware that the challenges ahead are immense but not insurmountable. Given the human, social, economic, political and security challenges, there is no alternative but to continue efforts to transform Mali into a country free of HIV/AIDS. I conclude by reiterating my Government's commitment and appreciation.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Kesetebirhan Admasu, Minister of Health of the Federal Democratic Republic of Ethiopia.

Mr. Admasu (Ethiopia): The Ethiopian delegation aligns itself with the statement delivered by the

representative of Zambia on behalf of the Group of African States under this agenda item (see A/70/PV.98).

The Ethiopian delegation would like to thank the Secretary-General for his report entitled "On the fast track to ending the AIDS epidemic" (A/70/811), and takes note of the recommendations contained therein. We also welcome the adoption of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerate the Fight against HIV to End the AIDS Epidemic by 2030 (resolution 70/266, annex). We would like to affirm our commitment to the implementation of the Political Declaration, in accordance with our international commitments and national policies and laws and within the context of our domestic realties.

Our continent, particularly sub-Saharan Africa, bears the brunt and contributes nearly 71 per cent of the global total of HIV infections and 90 per cent of HIV transmissions to children. While HIV remains a major public health concern for Ethiopia, the epidemic has remained stable within the country, with an estimated prevalence rate of 1.1 per cent. That translates into approximately 769,600 HIV-positive individuals, of whom more than 400,000 are currently in treatment.

Ethiopia has taken various policy, legal, institutional and administrative measures to fight the HIV epidemic. Concerning policy and legal measures, HIV status is prohibited grounds for discrimination, under article 25 of the Constitution of the Federal Democratic Republic of Ethiopia, which guarantees to all people equality before the law and entitles everyone to equal protection under the law. With regard to institutional measures, the HIV/AIDS Prevention and Control Office is entrusted with the task of integrated management of the HIV/AIDS prevention and control activities in the country. The National HIV/AIDS Prevention and Control Council is chaired by the President of the Republic and includes the membership of high-level Government authorities, ministers and heads of the regional states, religious institutions and civil societies. This demonstrates the high priority given to the fight against the HIV/AIDS epidemic in Ethiopia.

To mention the administrative measures in a nutshell, in Ethiopia the fight against HIV/AIDS receives a high degree of attention and is part of the broad development plans, as HIV/AIDS-related issues are carefully incorporated into the implementation of national health, education, social, labour, capacity-building and other activities that have brought about positive results. Ethiopia has achieved national targets and international commitments through high-level partnership, community conversations about HIV, a health extension programme and, more recently, through deeper and more organized engagement by the community through what we call the health development army. The impressive results we have achieved together include a more than 90 per cent reduction in new infections and a 70 per cent reduction in deaths in less than a decade, thereby meeting the Millennium Development Goal targets. We attribute those achievements to a strong political commitment and sincere partnership with the community and our essential stakeholders. In particular, the brave efforts of HIV-positive individuals to control the epidemic are very much appreciated.

As I have already said, Ethiopia has witnessed an unprecedented decline in the rate of new HIV infections. Yet there has been a substantial variation in the prevalence and risk of infections within certain population groups and geographic areas. To address that challenge, Ethiopia has followed an investment case approach, making the prevention, care and treatment plan key pillars of the sustained response. The plan aims to pave the way for ending AIDS by 2030, averting 70,000 to 80,000 new HIV infections and saving more than a half a million lives by 2020.

The targets set are also in line with Joint United Nations Programme on HIV/AIDS targets known as the three 90s — the 90-90-90 treatment targets. To accelerate the current trajectory, Ethiopia just launched the Fast-Track Cities HIV Initiative to halt ongoing HIV transmission. Catch-up treatment campaigns will soon be launched to test the right people, find HIV-positive individuals and to link them all to care and treatment. All four transformational agendas in our health-sector transformation plan have a built-in focus on HIV. The information revolution, one of the transformation agendas, will help us to create a health and HIV literate community and to transform the way we use HIV data in decision-making. In the *woredu*, or district, transformation, second on the transformation agendas, the aim is to increase the number of model villages and districts, thereby envisioning an AIDS-free Ethiopia in the long term.

In the light of those measures, I am very happy to reaffirm our commitment to end the AIDS epidemic by 2030 by accelerating and scaling up our testing, treatment, care and support services, as our legacy to

both present and future generations. Finally, I would like to express my heartfelt appreciation to all our stakeholders for their sustained support. We express our readiness to diligently work within partnerships to fight the AIDS epidemic. Our top-tier efforts will continue until AIDS is relegated to a footnote in the annals of communicable diseases.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Theofilos Rosenberg, President of the Hellenic Centre of Disease Control and Prevention of the Hellenic Republic of Greece.

Mr. Rosenberg (Greece): It was in this very Hall that we met in June 2011, five years ago, for the high-level meeting of the General Assembly on HIV (see A/65/PV.90). In my home country, Greece, we experienced during this period a devastating outbreak of HIV infections among people who inject drugs. Both the well-known socioeconomic crisis and the gaps in the implementation of harm-reduction policies contributed to the outbreak. The Greek Government was, nonetheless, able to reverse the epidemic for that particular group of people.

Working side by side with local communities, along with civil society and international partners, the Greek Government rapidly scaled up highly effective harm-reduction policies, as well as HIV testing and treatment. We are now committed to maintaining those mechanisms to prevent such events from happening again in the future. The Greek Government recognizes the critical present juncture in accelerating the global response to HIV/AIDS. We now know what works and what does not. History will judge us harshly if we fail to act according to evidence-based practices. We should be collectively committed to be bold and practical in our approach to end AIDS.

We commend the vital work by the Joint United Nations Programme on HIV/AIDS on setting the 90-90-90 targets, which place special emphasis on HIV-prevention investments. We call upon the global community to move beyond public declarations and to scale-up interventions for key populations.

We wish to address our friends and neighbours in the region, as well as the wider region of Eastern Europe, to express our concern about the increased rate of new HIV infections. We call for a pragmatic public health approach in the spirit of World Health Organization (WHO) guidelines and the recently adopted Global Health Sector Strategy on HIV/AIDS for the period 2016-2021. Key populations are at the epicentre of the WHO Strategy. We therefore share the concerns raised by civil society on the language of the Political Declaration in front of us. Addressing stigma and discrimination needs to be reinforced in everyday practice, in our conversations and in our actual work in the field.

In Greece, as in all corners of the globe, men who have sex with men are disproportionately affected by HIV. The Greek Government remains committed to the concept of universal health-care coverage. Early diagnosis, treatment, prevention and innovations, such as pre-exposure prophylaxis, will need to be scaled up in order to realize our targets by 2020 — or even 2030.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Lokman Sulaiman, Deputy Director-General of the Ministry of Health of Malaysia.

Mr. Sulaiman (Malaysia) First of all, allow me to extend my sincere appreciation to the United Nations for convening this important General Assembly high-level meeting on ending AIDS. We are gathered here again to commit ourselves to end the epidemic that has caused much hardship throughout the world, an epidemic that knows no boundaries, be it one's social status, the colour of one's skin or one's faith.

For the past three consecutive General Assembly special sessions on HIV/AIDS, our commitments have been sustained through the continuous political support, strong leadership, undivided commitment and fervent efforts of all stakeholders at all levels. Through strong political commitment, workable policies, full participation and perseverance from various agencies, including Government health and non-health sectors, non-governmental organizations (NGOs), religious leaders, private partners, key populations and people living with HIV, we in Malaysia have been able to realize key areas outlined in the series of national strategic plans. As a result, we managed to achieve our MDG target to halve the infection rate in 2015, thereby contributing to the global initiative on HIV.

At the beginning of the epidemic, people who injected drugs were its main driver, which was caused by the sharing of contaminated needles. In 2000, almost 80 per cent of the total new HIV cases in Malaysia originated from among that group. Following the harm-reduction programme initiated in 2005, we were able to markedly reduce new HIV-infection cases among that group to only 16.8 per cent in 2015. A recently

completed study of that national programme showed that it also improved the social economic status and quality of life of its clients. Therefore, we would like to reiterate that the harm-reduction programme is a workable approach to HIV/AIDS intervention among people who inject drugs. We are committed to continue those efforts to ensure ending AIDS among that key population. Currently, our primary concern is the increasing rate of infections acquired sexually.

Being a pragmatic Muslim country — and a large majority of our problem is among Muslims themselves — Malaysia strives hard to reverse and halt the epidemic from a Muslim perspective. In that regard, religious leaders, public health physicians, NGOs representing the key populations and people living with HIV came together and drafted a training module. The module, available in the local language, English and Arabic, aims at creating awareness and advocacy among imams and Muslim scholars, especially in reducing stigma and discrimination.

In moving forward, Malaysia has produced and officially launched a long-term national strategic plan for ending AIDS to cover the period 2016-2030 in order to complement global initiatives on ending AIDS, as part of the post-2015 Sustainable Development Goals. We firmly believe that, if those strategies are implemented accordingly, we can close the AIDS chapter even sooner than anticipated in the year 2030. Our new strategic plan focuses on testing, accelerating antiretroviral coverage and upscaling prevention, especially among key at-risk populations. We also strongly believe that addressing issues of stigma and discrimination is as important.

The Government realizes that the battle on ending AIDS relies heavily on strong partnerships with other key players, especially NGOs and civil societies. This smart partnership, formalized in 2002, which emphasizes mutual understanding and shared responsibility, includes dedicated, consistent funding assistance to NGOs for all HIV responses, to which the Government will continue to commit.

Malaysia reaffirms its commitment to the global fight against AIDS as spelled out in the General Assembly 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex) that we have adopted.

The Acting President: I now give the floor to Mr. Syed Islam, Secretary at the Ministry of Health and Family Welfare of Bangladesh.

Mr. Islam (Bangladesh): First of all, I would like to thank the President of the General Assembly for convening this high-level meeting on HIV/AIDS at this critical juncture. HIV and AIDS continues to constitute a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large. Therefore, effective HIV and AIDS responses are critical to the achievement of the 2030 Agenda for Sustainable Development (resolution 70/1).

Our achievement in fulfilling the HIV/AIDS target of the Millennium Development Goal (MDG) 6 is satisfactory, but urgent efforts are needed to complete the unfinished business of the MDGs. We note with deep concern that the HIV epidemic remains a paramount health, development, human rights and social challenge that inflicts immense suffering on countries, communities and families throughout the world.

We are assembled at the United Nations to reaffirm our commitment to end the AIDS epidemic by 2030 as our legacy to present and future generations, to accelerate and scale up the fight against HIV and end AIDS to reach this target and to seize the new opportunities provided by the 2030 Agenda for Sustainable Development (resolution 70/1). The 2016 Political Declaration on Ending Aids (resolution 70/266, annex) should have acknowledged the social, cultural, religious norms and values of all the Member States and their legal framework. However, we nevertheless acknowledge the Declaration.

Bangladesh is a country with a low HIV prevalence rate, as less than 0.1 per cent of our people are affected by HIV. We have a concentrated epidemic among people who inject drugs in the capital city, Dhaka. The infection rate among all other vulnerable and key population groups also remains very low, although there are multiple vulnerability factors that could contribute to the rapid spread of the epidemic. Despite the very high vulnerabilities posed by neighbouring countries and migrant workers, Bangladesh has managed to keep HIV from gaining ground for more than two decades through evidence-based implementation of prevention, care, support and treatment interventions.

That has happened due to proactive measures, including bold political leadership by our Prime Minister Sheikh Hasina. Taking inspiration from our Constitution, which stipulates that the Government is

responsible for ensuring health services for all citizens, Bangladesh has been successful in improving the health condition of our citizens and achieving most of the MDGs, including health-related goals, and containing the prevalence of HIV/AIDS at the minimum level in the country. The Government's adequate domestic resource allocations, strong partnerships with development partners and early programmatic targeted interventions by all the relevant actors have contributed to the success in reducing the prevalence of HIV/AIDS in Bangladesh.

While the Government of Bangladesh has allocated substantial domestic resources to address HIV-related prevention, care and support needs, Bangladesh thinks that ending AIDS is a collective global responsibility and that development partners need to continue to work with my country to address the vulnerability to HIV infection domestically. The Government of Bangladesh is committed to continuing effective HIV prevention care and addressing support services needs for all key and vulnerable populations.

This year, my Government hosted the twelfth International Congress on AIDS in Asia and the Pacific, which reviewed the HIV prevention, care and support needs of the Asia-Pacific region and reminded the countries and stakeholders in the region of the need to continue their political commitment to and investment in HIV responses. Our community-led and evidence-based HIV prevention programme has also set a good example for the region. We need to build on our achievements in limiting the spread of HIV by focusing further on strengthening the health system to address the country's unique epidemic pattern.

We need to scale up detection through mixed models for community-based and provider-initiated HIV testing and service integration; ensure universal access to antiretroviral therapy; integrate prevention services with existing infrastructures to address co-infections, and meet the special needs of antenatal mothers, adolescent girls and young people, migrants, and other vulnerable populations; ensure a sufficient supply of antiretroviral drugs and protect Bangladesh's right to manufacture such drugs under the World Trade Organization's Trade-Related Aspects of Intellectual Property Rights; and create and sustain a positive social and medico-legal environment.

As part of our overall commitment to the Sustainable Development Goals, the Government of Bangladesh remains committed to end AIDS in Bangladesh by 2030.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Shanta Bahadur Shresthra Secretary of the Ministry of Health of Nepal.

Mr. Shrestha (Nepal): It is with great pleasure that I address the General Assembly at this important high-level meeting on HIV/AIDS to share Nepal's perspective. Let me extend my delegation's sincere gratitude to the co-facilitators and to the participants, whose tireless efforts contributed to the drafting of the outcome document adopted two days ago, entitled Political Declaration on HIV and AIDS (resolution 70/266, annex).

Nepal fully supports the Secretary-General's report (A/70/811) on the fast track to ending the AIDS epidemic. As correctly mentioned in the report, the global commitment to ending this epidemic, as set forth in the 2030 Agenda for Sustainable Development (resolution 70/1), is a great opportunity to end this global threat.

Nepal is fully committed to controlling the menace of HIV/AIDS. The Government of Nepal has accorded top priority to the fight against HIV/AIDS as a national health care policy. The Constitution of Nepal, promulgated last year, gives top priority to providing citizens access to health-care services in a special effort to promote and protect the health of marginalized populations.

Nepal has made good progress in reducing the rate of new HIV infections and mother-to-child transmission, while expanding access to HIV antiretroviral treatment. This high-level event provides us with an opportunity to take stock of the global situation regarding the AIDS epidemic, suggest strategic directions for further action and attract high-level political attention to ensure that all the necessary means will be taken to end the AIDS epidemic by 2030.

HIV/AIDS have been recognized as a priority in our 2016-2021 national health sector strategy. The national programme will be guided by our newly developed HIV Vision 2020 as part of the five-year plan (2016-2021) which has incorporated and ensured strong civil society engagement in the response. As HIV control is one of the priority national development programmes, the 2016-2021 plan carries the ethos of this constitutional provision to guarantee access to basic health services

as a fundamental right of every citizen. New infections in Nepal have been reduced by more than 50 per cent in comparison to 2010, and AIDS-related mortality has seen a similar drop. The prevalence among the 15-24 age group reduced by more than 50 per cent in the same time period.

Nepal has been implementing the programmatic strategies in the prevention of HIV through targeted interventions among key populations and pregnant mothers, providing antiretroviral treatment to people living with HIV and also providing care and support services such as community home-based care. We are close to reaching the national target of reducing 90 per cent of new infections among children.

A multi-stakeholder response to HIV/AIDS that encompasses prevention, treatment, care and support is our approach with a focus on the most vulnerable populations, including intravenous drug users, men who have sex with men, transgender persons, labour migrants and clients of female sex workers. The Government of Nepal is committed to ensuring the human rights of HIV/AIDS-affected and infected population and has taken appropriate measures to address the stigma and discrimination related to HIV/AIDS.

We also supported the involvement of people living with HIV/AIDS, representatives of key populations, civil society, health-care professionals, the private sector and other stakeholders in the run-up to the meeting in order to be able to fully capture the experience gained and devise innovative, evidence-based approaches to deal with the remaining challenges.

Needless to say, prevention is better than cure. Hence, prevention must constitute the cornerstone of the global HIV and AIDS response. It is our firm conviction that access to safe, effective, affordable, good-quality generic medicine and commodities for HIV treatment would greatly help our efforts towards HIV prevention, treatment, care and support.

Nepal, like many other developing countries, has been experiencing the triple burden of communicable diseases, non-communicable diseases and disaster-related emergencies. While we continue to grapple with traditional development challenges, natural disasters and poverty, fighting against HIV/AIDS is an additional responsibility that calls for an increased flow of resources from the international community.

In this collective journey, Nepal looks forward to the continuous and enhanced support of the international community with the commensurate and predictable means of implementation in the days to come if we are to leave no one behind and achieve the target of ending AIDS by 2030 as envisioned in the 2030 Agenda for Sustainable Development.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Luxembourg.

Ms. Lucas (Luxembourg) (*spoke in French*): This high-level meeting could not come at a better time. Following the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1) in September of last year, it is indeed a good time to undertake a comprehensive review of the progress made in the fight against HIV/AIDS, but also, above all, to mobilize a strong commitment to ending the AIDS epidemic by 2030.

Luxembourg fully associates itself with the statement made on behalf of the European Union (see A/70/PV.99).

As recalled in the Secretary-General's report (A/70/811), the fight against AIDS has achieved significant successes in recent years. The reasons for optimism with regard to the implementation of the 10 targets of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex) are real. Through scientific advances in recent years, the goal of administering antiretroviral treatment to 15 million people by the end of 2015 was attained, and even surpassed, by the spring of 2015.

We have managed to significantly reduce new infections among infants, with effective programmes for the prevention of mother-to-child transmission. Several countries have completely eliminated transmission, and we congratulate them. New HIV infections and AIDS-related deaths were also successfully reduced at the global level. However, as we approach the goal, we must not allow our efforts to flag. We are aware of the obstacles and challenges that still persist. We must take appropriate action.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has launched an ambitious new treatment target. The 90-90-90 initiative, which Luxembourg is proud to sponsor, aims to ensure that, by 2020, 90 per cent of people living with HIV will know their HIV status, 90 per cent of people screened will be receiving

sustained antiretroviral therapy and 90 per cent of all people receiving antiretroviral therapy will have a sustainably suppressed viral load. To that end, Member States can count on my country's tireless commitment, as well as that of Luxembourg's UNAIDS 90-90-90 champion, Mr. Marc Angel.

The issue of children affected by HIV/AIDS is another subject of particular concern to us. Despite successes in the prevention of mother-to-child transmission, one in two children infected with HIV is sentenced to not survive beyond the second year of life without receiving treatment. That is unacceptable. The lack of early diagnosis, of appropriate paediatric formulations of antiretroviral drugs, of integration of services and of compliance wtih treatment are all problems to which we must find an urgent solution.

We also remain concerned about the situation of adolescents and youth, especially young women and girls, who remain particularly vulnerable to HIV and who represent the only age group for which the rate of new infections has increased. Women and girls are still the demographic most affected by HIV in sub-Saharan Africa, with AIDS as the most common cause of death among women of reproductive age. That is why it is important to guarantee and promote full respect of sexual and reproductive rights, as well as to ensure access to sexual and reproductive health services and comprehensive sexuality education.

Key populations remain disproportionately affected by HIV, with prevalence rates well above those of the general population. Eradicating the AIDS epidemic will be impossible if the needs of sex workers, men who have sex with men, injecting drug users, transgender people, prisoners, migrants and persons with disabilities continue to be ignored and their access to health care limited. In addition, it is important to guarantee the necessary financial resources, particularly through official development assistance and other international resources, domestic resources and innovative financing.

For its part, Luxembourg will increase its contributions to the fifth replenishment of the Global Fund by 8 per cent for the period from 2017 to 2019. We hope that others will follow suit. We have not only the possibility of ending the AIDS epidemic; we have a moral duty to do so. If we do not seize the opportunity available to us today, future generations will not forgive us for it, and they would be right not to do so. Let us make the right choice.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Liechtenstein.

Mr. Wenaweser (Liechtenstein): This high-level meeting offers us a unique opportunity to come together and resolve to eradicate the AIDS epidemic by 2030. In doing so, we can illustrate once again the ability — and indeed the unique role — of the United Nations in addressing global health crises. Under the leadership of the Joint United Nations Programme on HIV/AIDS, the Organization has already played a central role in addressing an epidemic that had seemed an almost insurmountable threat in the lifetime of many of us.

For decades, AIDS has caused immense suffering and devastation. Over 34 million people have died, more than 14 million children have been orphaned and, each day, over 6,000 men, women and children continue to be infected with HIV. Eradicating AIDS would be a triumph of multilateralism based on the findings of science. It would also be the strongest possible expression of our commitment to the 2030 Agenda, with its strong pledge to leave no one behind. In it, we have already committed ourselves to the eradication of AIDS in the next 15 years. In agreeing to the measures needed to do so, we are also sending a clear signal that our success in achieving the 2030 Agenda depends on our success in combating AIDS.

Fifteen years ago, we came together and agreed on the Declaration of Commitment (resolution S-26/2). The threat posed by the AIDS epidemic at the time was significantly different, so we can rightfully claim that we got many things right in 2001. Over 8 million AIDS-related deaths and 30 million new HIV infections have been averted since. We have witnessed a 58 per cent reduction in the number of children newly infected with HIV, and over 42 per cent of people currently living with the virus have access to antiretroviral treatment. Harm-reduction programmes, including the availability of opioid substitution therapy as well as needle and syringe programmes, have been significantly expanded.

Overall, the gains in treatment have resulted in a 26 per cent decline in AIDS-related deaths in the last five years. These numbers allow for just one clear conclusion: we have learned what has worked and what has not. The recipe for success is therefore an evidence- and science-based approach. The lessons we have learned are key to shaping our future response. This is not a moment to be complacent. While we have achieved much, the epidemic continues to outpace our response.

In other words, if we do not step up the global AIDS response now, we will fail to achieve what is within reach: the eradication of AIDS by 2030. We therefore welcome the Secretary-General's fast-track approach in order to reach the 90-90-90 testing and treatment target within the next five years.

In some places, there is a real risk of misperceiving HIV/AIDS as a threat that we have already overcome. This can lead to setbacks instead of the progress that is possible. One of the lessons of the past 15 years is that fully taking into account the human rights dimension is a key ingredient of success. Stigma and discrimination continue to pose a serious threat to the full enjoyment of human rights for people living with HIV/AIDS, and almost, more important, such stigmatization has proved to be an obstacle to an effective response. Our global response must therefore address the needs, vulnerabilities and rights of those who are at particular risk of infection. People who inject drugs, as well as men who have sex with men, are both 24 times more likely to be infected with the virus than adults in the general population.

The removal of discriminatory and punitive laws that block access to HIV services for key populations and others is not just fundamental to the protection of human rights, but also to the effectiveness of the global AIDS response. We welcome the strong rights-based approach of the Political Declaration. But we also would have liked to see a clear statement that ending AIDS is possible only if we end the marginalization, and even criminalization, of certain groups.

It is paramount that our response focus on the needs of those who remain most affected by the epidemic — women and girls. While the number of women and girls of reproductive age dying from AIDS-related causes has declined by 35 per cent globally in the past five years, AIDS remains one of the leading causes of death among women and adolescent girls of reproductive age. Gender-based violence, harmful gender norms and unequal power relations in particular are factors that make them particularly vulnerable to the epidemic. The empowerment of all women and girls and the eradication of AIDS are therefore inextricably linked. Comprehensive sex education and access to combination prevention services are key elements of such empowerment.

The window of opportunity to radically change the trajectory of the AIDS epidemic is narrow. In the past 15 years, we have been able to gather a wealth of experience in the fight against the epidemic. It is now in our hands to fulfil our pledge to leave no one behind and to apply our proven tools adequately and equitably. Let us use the political momentum generated by the 2030 Agenda for Sustainable Development (resolution 70/1) to ensure a global AIDS response that will promote the quality of life, human rights and the dignity of all people living with, at risk of, and affected by HIV/AIDS.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Belgium.

Ms. Frankinet (Belgium) (*spoke in French*): Belgium fully aligns itself with the statement delivered by the representative of the Netherlands on behalf of the European Union (see A/70/PV.99), as well as the statement delivered by the Deputy Minister for Foreign Affairs of Argentina on behalf of the 49 countries with the same vision (see A/70/PV.97).

On the fifteenth anniversary of the adoption of the Declaration of Commitment on HIV/AIDS, which breathed enormous new momentum into the global movement to end AIDS, Belgium is convinced that the vision we all share to put an end to the AIDS epidemic will happen only if all Member States, regardless of the degree of severity of the epidemic that affects them, decide to adopt a policy adapted to the reality on the ground. The statistics clearly show that the epidemic remains a major problem on the global level. It remains a reality, even in Europe and on its borders.

The HIV epidemic is not just a great challenge for public health in our time, but it also constitutes a crisis in the areas of human rights and social justice. In the absence of the full eradication of the epidemic, it is essential to not only maintain the same level of action and investment but also to intensify our efforts by undertaking innovative efforts. That is because, contrary to what one might think, the reduction of an epidemic does not mean that there are fewer needs for investment in order to achieve the final objective, which is complete eradication. In that regard, the Declaration of Commitment (resolution 70/266, annex) we adopted is an important step in that direction.

Belgium supports the central role of the Joint United Nations Programme on HIV/AIDS (UNAIDS) within the United Nations system for global and national coordination of the response to the epidemic. That role is crucial and must absolutely be kept, if

not strengthened. In terms of the implementation of national strategies to fight against HIV/AIDS, the hand-in -hand work of the various stakeholders, countries, civil society, UNAIDS and its co-sponsors, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the private sector has proved to be effective and must be continued. If we want to fight effectively against HIV/AIDS, it is essential that we opt for a policy based more on scientific data that also includes the following approaches.

First, a differentiated, multisectoral approach should be focused on localization and key populations, such as young women, persons living with HIV, men who have sex with men, sex workers and those who inject drugs. Troubling signs of setbacks are being observed in certain countries and among certain groups who had previously shown substantial progress. It is therefore important not to hide the epidemic, or create a hidden epidemic, which could result from the stigmatization of certain vulnerable groups or the refusal to recognize their rights.

Secondly, we need a zero-tolerance approach that involves mobilizing the international community in order to substantiate our common vision of zero new infections, zero discrimination and zero AIDS-related deaths. This approach signifies more specifically a condemnation of sexual violence of any type towards children, girls and women, including domestic violence or against members of other key groups.

Thirdly, on a preventive approach, we need to reinvigorate combined prevention, including for adolescents, particularly through sex education and sexual and reproductive health-care services adapted and accessible to the young.

Fourthly, in our ongoing approach to chronic care, we must bring people who have the disease into an integrated health-care system. The private pharmaceutical system could play an important role in reducing the costs of that care. For example, the pharmaceutical industries in Belgium support various activities in providing access to high-quality products in low-income countries. Another challenge we face is the appropriate observance of prescribed treatments, particularly to limit the risk of developing resistance to certain medications. We have some tools at our disposal in that regard, such as digitalization and a patient-centred approach. The issue of resistance to medications is current because that topic itself will be discussed in the Assembly during the upcoming September high-level meeting on resistance to microcidal agents.

Fifthly, we must have a multisectoral approach for those most threatened by the virus and the civil society organizations that represent them.

The fight against HIV/AIDS is a collective political responsibility. In that context, Belgium is firmly committed to the fight, which is a priority for our country. Belgium attaches great importance to the eradication of AIDS, and we see it in a number of ways. First, this fight is integral to Belgium's support for strengthening the health-care systems of our partner countries. It requires an integrated, multisectoral approach, one based on human rights. Belgium is also a significant donor through multilateral organizations, such as the World Health Organization and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2014, Belgium was number 10 on the list of donors that funded UNAIDS. Moreover, the technical and strategic approach of Belgium's cooperation is sustained, among other things, by important and experienced stakeholders like the Antwerp Institute of Tropical Medicine, the Platform Be-cause Health and the Centre of Expertise for Sexual Health. It is also inspired by the work of our compatriot Professor Peter Piot, the former director of UNAIDS.

Nevertheless, the proportion of allocations dedicated to the fight against AIDS in the global international cooperation budgets should be gradually decreased as national financing increases. This theme is included in the new Sustainable Development Goals, as a number of speakers have noted. The third objective has to do with everyone being able to live in good health and the promotion of the well-being of the people of all ages. Ending AIDS should therefore be an integral part of that theme. The same applies to the realization of Goal 5, on gender equality and the empowerment of girls and women, which includes targets associated with health and sexual and reproductive rights. Those are necessary to put an end to the epidemic.

If we want the commitment undertaken 15 years ago to be something more than just wishful thinking, and if we do want to completely eliminate the epidemic by 2030, it is now high time to demonstrate the political will needed by adopting strategies that will allow us to achieve the objective that we set. The end of the global AIDS epidemic is in view, but is possible only if science

and efforts are accompanied by a specific commitment to respect human dignity and to put an end to injustice.

To live in a world without AIDS is not unachievable, but it is up to us to make the right decisions to reach that goal.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Tajikistan.

Mr. Mahmadaminov (Tajikistan): Allow me to extend our sincere appreciation to the President for convening this General Assembly high-level meeting on ending HIV/AIDS.

In its efforts to respond to the AIDS epidemic, the Republic of Tajikistan is guided by all the General Assembly documents on HIV/AIDS, such as the 2001 Declaration of Commitment on HIV/AIDS, the 2006 Political Declaration on HIV/AIDS and the 2011 Political Declaration on HIV/AIDS, entitled "Intensifying Our Efforts to Eliminate HIV and AIDS". In its fight against the HIV/AIDS epidemic Tajikistan has been actively cooperating with the international community, both on a bilateral and a multilateral basis.

Preventing the spread of HIV/AIDS is connected with such principles as the fulfilment of human rights and the fundamental freedoms of individuals. One of the significant accomplishments in that area was the lifting, in 2014, of all restrictions on entering and on residency in the country for foreigners, irrespective of their HIV status. Moreover, all foreigners are granted civil rights similar to those that Tajikistan citizens enjoy, including access to preventive measures, treatment, care and support for HIV-infected persons.

Due to the preventive measures available to the general population and the implementation since 2000 of programmes for reduction of HIV infection among groups at higher risk, currently the AIDS epidemic in Tajikistan is under control. The purpose of those programmes is to fulfil the human rights of individuals who belong to key groups at higher risk and to protect them against HIV infection.

As of early 2016, the number of HIV-infected individuals residing in Tajikistan totalled 6,117, with half undergoing treatment for HIV and receiving antiretroviral therapy, which considerably improves patients' health and increases their working capacity and lifespan. Antiretroviral therapy is provided to patients free of charge, which is an important outcome of the long-term fruitful ongoing cooperation between our country, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Nations Development Office in Tajikistan.

In recent years, as a result of preventive measures, including antiretroviral therapy within the framework of the risk-reduction programme, Tajikistan managed to halve HIV infection among the key population groups. Free antiretroviral therapy for HIV-infected individuals, which has been provided every year on a increasing scale, helped to halve mortality among them.

Like other countries in the world, Tajikistan objectively assesses the HIV/AIDS epidemic, which poses a negative challenge to societies at the national and global levels. In that regard, the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016-2021 Strategy on the Fast-Track to end the AIDS epidemic by 2030 is a very timely endeavour, since it accounts for one of the key aspects of achieving the Sustainable Development Goals. Tajikistan fully supports the UNAIDS Strategy. At the moment, our country is completing the process of adapting the goals and targets of that important document to the country's current realities, and will take them into account while developing a new five-year programme to fight HIV.

In conclusion, allow me to reaffirm once again the commitment of the Republic of Tajikistan to continued cooperation with the international community to end the global HIV/AIDS epidemic.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Jordan.

Mrs. Kawar (Jordan) (*spoke in Arabic*): Allow me, at the outset, to extend my thanks and appreciation to the co-facilitators from Switzerland and Zambia for their tireless efforts, which culminated in this high-level meeting on ending AIDS and with the Political Declaration on HIV and AIDS (resolution 70/266, annex). We hope the meeting will be an important platform to relaunch our work in confronting AIDS and to realize our common goals, especially when it comes to building the capacities of the least developed countries and middle-income countries, the transfer of HIV/AIDS technologies, investment in scientific research and building the capacities of civil society organizations engaged in that regard.

As is the case in other Middle East and North African countries, Jordan suffers due to regional instability, economic challenges and the movement of

persons. The latter might contribute to the emergence of new communicable diseases, such as AIDS, especially as we are currently facing one of the worst human displacement movements since the Second World War. However, Jordan still enjoys low HIV/AIDS prevalence among its general population.

As part of its the national response to HIV/AIDS, Jordan is committed to the Political Declaration (resolution 70/266, annex). The Ministry of Health has established a national programme for fighting AIDS following the first detection of AIDS in 1986. We developed our first national AIDS strategic policy for the period 2005 to 2009. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has extended technical support to the Ministry of Health in updating that policy and to lay down a new strategic plan to assess the current status of the epidemic, the key motives, at-risk behaviours and gaps in the national response.

Jordan's national strategy will be mainly based on five main points that constitute the national framework: first, the enhancement of the availability and reliability of strategic information; secondly, the enhancement of HIV prevention by focusing on the most at-risk populations; thirdly, the improvement of the detection of HIV cases and providing care and support to people living with HIV; fourthly, the creation of a supportive legal and political environment for an effective response; and fifthly, the building of organizational, institutional and technical capacities to realize an effective response.

It is obvious that HIV/AIDS has a very significant negative impact on the workforce as it disproportionately affects the working populations, which eventually adversely impacts the social and economic infrastructure. Therefore, Jordan is committed to the International Labour Organization (ILO) HIV and AIDS Recommendation 200 and the ILO Code of Practice on HIV/AIDS and the World of Work, which protects the right to work and the right of equal access to job opportunities for people living with HIV/AIDS, supports the legal revision process and the amendment of national legislation to align it with international criteria and commitments related to HIV/AIDS, and guarantees that workers, their families and their dependants will eventually obtain all means of protection, prevention, care and support.

Jordan also observes the Arab Strategic Framework for the Response to HIV/AIDS (2014-2020), which was adopted by the Arab Ministers of Health in March 2013. The Framework aims to reduce HIV infection by more than 50 per cent by 2020, to eliminate all new infections among children, and to accelerate efforts to create universal access to antiretroviral drugs for more than 80 per cent of infected people.

While we are speaking, one child is orphaned every 15 seconds. That means that millions of infants and children have already lost their parents to AIDS. Let us ask ourselves how many more children must be orphaned in order for us to realize that we are living in a single world and that our response to AIDS mainly depends on our solidarity. Only when we all realize that this is not an issue for any single country or culture, but that it is our common cause, will we be able to successfully eliminate this disease.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of the Islamic Republic of Iran.

Mr. Khoshroo (Islamic Republic of Iran): At the outset, I would like to thank the President of the General Assembly for organizing this important high-level meeting on ending HIV/AIDS. I also recognize and appreciate the role played by the Permanent Representatives of Switzerland and Zambia in leading the consultations that resulted in the new Political Declaration on HIV and AIDS (resolution 70/266, annex).

I would also like to take this opportunity to emphasize the importance of a comprehensive yet effective response to the HIV/AIDS epidemic, through which our commitments translate into meaningful actions. The Islamic Republic of Iran has been widely and repeatedly acknowledged for its pragmatic approach and response to the HIV epidemic. The Islamic Republic of Iran has successfully implemented, with the broad participation of civil society organizations, an extensive and effective harm-reduction programme in both closed and community settings, and has thereby been able to control HIV transmission among injecting-drug users. However, the proportion of other modes of transmission is increasing. In that regard, the AIDS response in Iran is evolving to address the next wave of HIV infections through a more comprehensive approach that calls for a more coordinated and multisectoral response.

The Islamic Republic of Iran — cognizant of the significance of relevant scientific evidence, and after reflecting on its commitment to an evidence-based

response that is culturally appropriate and sensitive — recently adopted a national strategy that incorporates the 90-90-90 targets and is designed to end the AIDS epidemic in the country by 2030. Drawing on the lessons learned following more than 30 years of success in its primary health-care programme, Iran is of the view that if the HIV response is to be successful, it should be integrated within the existing primary health-care structure, while engaging the full range of relevant partners in the response and rigorously using quality strategic information to continuously improve the scope and quality of the national programme.

Investment allocated by the Government, especially to most-at-risk populations, is the prominent indicator of Iran's commitment to its HIV/AIDS programme. More than 95 per cent of HIV expenditure is borne by domestic resources, and the Government has plans to spend even more in the future. Yet, the Islamic Republic of Iran acknowledges the critical and strategic contribution of international partners — notably the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria — to the national HIV response. It is hoped that following the Iran deal and in the interest of the HIV/AIDS response, the transfer of knowledge, technology and expertise will be more available and facilitated. Iran welcomes international collaboration in decreasing the costs of treatment and improving access to prevention, care and treatment and universal health coverage towards achieving the 90-90-90 goals.

Iran remains committed to the health and dignity of people living with HIV. In line with the national strategy, and as part of its national AIDS programme, Iran will strive to bridge the testing and treatment gaps over the next few years. Our recently launched health transformation programme provides a lens through which the national HIV response will concentrate on locations and populations with the greatest need — namely, cities and their outskirts — thereby accelerating progress towards our ultimate goal of ending the AIDS epidemic.

Ultimately, the success of the global AIDS response lies in effective leadership and collaboration at the national, regional and international levels. In the Middle East and North Africa regions, we are tragically reminded every day that HIV is competing for attention and resources against other pressing issues, including those caused by poverty, hunger, emergencies and conflicts. Yet we cannot miss this critical window of opportunity to end the epidemic in our region and our world. The Islamic Republic of Iran is one of the very few countries in the Middle East, North African Persian Gulf regions that has established a robust surveillance system and provides regularly updated information about the situation of the epidemic and its response. Iran is ready and willing to share its experiences in HIV control and harm reduction with interested countries especially through South-South initiatives and international knowledge hubs.

In conclusion, we renew once again our commitment to helping end the HIV epidemic by 2030, and welcome the prospect of greater collaboration, which would advance this highly important component of the Sustainable Development Goals.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Georgia.

Mr. Imnadze (Georgia): I am honoured to address this high-level meeting to highlight our accomplishments, analyse challenges and seek the best solutions and future decisive steps to be taken to end the AIDS epidemic.

Amid the tremendous progress the United Nations has made in human development throughout the world, the scope and scale of the commitment to addressing the AIDS epidemic call for special recognition. The Declaration of Commitment of 2001 and the Political Declarations on HIV/AIDS of 2006 and 2011 have marked the historic platform for the worldwide AIDS response. We welcome the commitment to ending the AIDS epidemic by 2030 as reaffirmed in the Political Declaration (resolution 70/266, annex) that was adopted in this very Hall the day before yesterday.

In recent years, Georgia has implemented successful reforms and taken an essential step forward to building a truly democratic, stable and prosperous society. Among them is the effective reform my country's health system has undergone in order to launch a universal health-care model, which will greatly contribute to achieving the health-related goals and targets set by the 2030 Agenda for Sustainable Development (resolution 70/1).

Georgia responded rapidly to the growing threat of HIV epidemic in the 1990s by establishing an effective AIDS control service and building up a productive partnership with civil society and international institutions. This allowed my country to

avoid a wide-scale HIV epidemic and thereby avert a heavy human toll and a devastating economic impact. Since 2004, Georgia has become and remains the only country in the region that ensures universal access to antiretroviral therapy, and in 2015 became the first in Eastern Europe to implement a treat-all policy offering antiretroviral therapy to all HIV-positive persons, regardless of immune status or disease stage. This is very important both in terms of increasing life expectancy and preventing new HIV infections.

Since 2005, Georgia has also ensured universal access to prevention of mother-to-child transmission services, including HIV testing and counselling, and prophylactic antiretroviral therapy. As a result, there have been no cases of mother-to-child transmission of HIV among persons enrolled in the prevention of mother-to-child transmission programme. Georgia has successfully rolled out prevention programmes for key affected populations, including a comprehensive harm-reduction package for people who inject drugs. In 2017, Georgia will start the first pre-exposure prophylaxis programme in the region for high-risk men who have sex with men.

The country coordinating mechanism chaired by the Minister of Labour, Health and Social Affairs represents the single national AIDS-coordinating authority. Broad representation in the mechanism of the Government, civil society and international partners ensures multisectoral coordination of the national response.

In 2015, Georgia updated its national strategy on HIV/AIDS, which outlines a transition plan from donor funding to domestic reliance for HIV response. It should be noted that the Government of Georgia has gradually increased public allocations to HIV/AIDS, which reached $8.7 million in 2015, representing a nearly 100 per cent increase as compared with 2011. We are working closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria and other international partners to ensure that prior accomplishments are sustained and that the national response is further accelerated during the transition.

Along with the aforementioned successes, challenges need to be mentioned as well. Although we have not witnessed a wide-scale HIV epidemic, the number of new infections has been increasing slowly but steadily. Undiagnosed HIV, due to the low HIV testing coverage of key populations, has been identified as a major factor behind the growing epidemic. While 5,700 cases of HIV infection have been registered officially, the estimated number is more than 9,000. My country has developed an action agenda towards minimizing this gap in HIV diagnosis as a crucial step towards achieving the 90-90-90 targets by 2020.

The Georgian Government is strongly committed to meeting Sustainable Development Goal 3. In April 2015, Georgia, with the support of the Centers for Disease Control and Prevention and Gilead Sciences, initiated an unprecedented programme to eliminate hepatitis C in the country. This groundbreaking public health initiative provides a unique opportunity to leverage broader health outcomes and integrated approaches to responding to both HIV and hepatitis C by scaling up testing, prevention and treatment interventions.

Thirty-five years of the AIDS burden have shown that without solid political will and effective leadership, we cannot achieve our goal. During this battle, we have emerged stronger and more committed to ending this epidemic, securing future generations and thereby saving millions of lives.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Brazil.

Mr. De Aguiar Patriota (Brazil): Fifteen years ago, our countries met in this same plenary in the context of the first special session of the General Assembly on HIV/AIDS. It is encouraging to acknowledge the impressive progress achieved globally. The fact that this meeting is all about ending AIDS in the next decades, in line with the 2030 Agenda for Sustainable Development (resolution 70/1), shows that there are some good reasons for optimism. Yet, we all know that there is still so much to be done if we want to put an end to the AIDS epidemic by that term.

Brazil fully supports the Joint United Nations Programme on HIV/AIDS 90-90-90 goal as a means to rapidly scale up the global response to HIV/AIDS in order to achieve target 3.3 of Sustainable Development Goal 3 ten years later. Both that goal and the strategy envisaged in the Secretary-General's report entitled "On the fast track to ending the AIDS epidemic" (A/70/811) require us to articulate the three elements that must guide our efforts: universalizing access to prevention and treatment, promoting the human rights of people infected with HIV/AIDS and ensuring the availability of the necessary national and international resources.

Brazil pioneered the universalization of access to treatment in the 1990s. Back in 1996, we adopted a national law establishing that free treatment would be made available by the national health system to all infected persons, which helped create the basis for a full-fledged national programme. In the following years, Brazil remained at the forefront of the best practices in the HIV/AIDS response. We were the first developing country to adopt the treatment-as-prevention approach, recommending antiretroviral therapy from the very beginning of infection, independently of viral load count. That recommendation was endorsed by the World Health Organization two years later.

Today, 474,000 people benefit from antiretroviral therapy in my country. Since the costs involved are challenging, it is important to emphasize the crucial role played by States — either alone or associated in the context of regional organizations, for example — in creating mechanisms to help reduce therapy prices, such as active negotiation practices in the public procurement of medicines, the creation of markets for generic drugs and the development of industrial policies for the medicines sector. Nowadays 11 of the 22 antiretroviral drugs used in Brazil are produced locally, prices charged domestically by pharmaceutical companies are much lower than international average prices, and many partnerships for productive development have been established allowing for the transfer of technologies to the domestic public industries.

Luckily enough, the international institutional framework for HIV/AIDS response is much more sophisticated and efficient than it was 15 years ago. We must acknowledge that the action of innovative mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Global Alliance for Vaccines; and the Immunization and International Drug Purchase Facility had a big impact in the last decade and a half, particularly in low-income countries helping overcome institutional and market failures that hindered lower prices and, consequently, the access to medicines.

Having said that, it is important to stress in this forum the role played by the public health flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights. Even if seldom evoked, they are the silent cornerstone of the lower prices and access policies developed nationally and internationally and are here to stay. In current discussions on the global response to the challenge of antimicrobial resistance, for example, we must make sure that there will be no step backward in access to treatment.

In the era of combined prevention of HIV/AIDS, the debate on treatment is increasingly intertwined with that on prevention. In that realm, this meeting will make history as it endorses the focus on key populations most heavily affected as a decisive approach to help reach our ambitious yet viable goals for 2020 and 2030. I will go further and affirm that key populations should not be seen as a passive focus but fundamental allies in the response and should be empowered accordingly through national policy. The participation of civil society in HIV/AIDS policy councils remains a crucial tool for the inclusiveness and effectiveness of our policies. In that effort, regional and national specificities should be recognized, as is the case, for example, in Brazil, of the high incidence of HIV/AIDS among people who use stimulant drugs and young men who have sex with men.

The focus on key populations is a matter not only of effectiveness, but also of promotion of human rights, without any discrimination. In Brazil, our Congress adopted two years ago a national law turning discrimination against people living with HIV/AIDS into a criminal offence, subject to imprisonment and fines, in the spirit of the Political Declaration of the 2011 high-level Meeting.

Finally, although the successful experience of the past 10 years has allowed us to know quite well how to end AIDS, knowledge will not be sufficient if the world does not scale up the investment needed to meet our goals. That is not news, since we have agreed to do that both in the 2030 Agenda for Sustainable Development and in the Addis Ababa Action Agenda. The Secretary-General points out very precisely in his report that it is false to affirm that global solidarity for HIV/AIDS has reached its limit, since the large majority of high-income countries donate a share of total international resources available for HIV/AIDS below those countries' proportion of world gross domestic product. Multi-stakeholder partnerships should also continue to play a crucial role and, together with official development assistance and adequate domestic resource mobilization, have a decisive impact in developing countries.

There is so much that can still be done. The Brazilian Government, in line with our tradition of solidarity and our progress in the response to HIV/AIDS, will continue to engage in cooperation efforts

with our partners in the developing world, particularly in Latin America and the Caribbean and in Africa, to help strengthen the global response. In all our countries, despite all progress, too many people are still being infected with HIV. At this juncture, we have a unique opportunity to end the epidemic and no one should be left behind. The General Assembly can count on Brazil.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Morocco.

Mr. Hilale (Morocco) (*spoke in French*): The Kingdom of Morocco endorses the statement delivered by the Minister of Health of Zambia on behalf of the Group of African States (see A/70/PV.98).

Our meeting today is timely in more ways than one, as it comes 35 years after the beginning of the HIV/AIDS epidemic and 15 years after the adoption of the Declaration of Commitment on HIV/AIDS. It also comes one year after the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1), which adopted target 3.3 to put an end to AIDS by 2030. It shows the crucial importance of this meeting for world leaders so that they may re-examine and renew their determination to fight HIV/AIDS. It also provides decisive proof of the interest and attention that the international community and the United Nations continue to attach to this very important issue. In addition to being a health problem, HIV/AIDS is fast becoming one of the main economic, social and development challenges of this century, with considerable effects on individuals, families and entire communities the world.

It is true that considerable progress has been made in mobilizing additional resources, especially financial resources, and in the search for a cure or a vaccine. However, this disease remains one of the greatest scourges of our time. The international community must therefore continue to confront this epidemic with courage and determination. The battle that we must all wage must be carried out through collective action, shared responsibility and a firm commitment — all together and without leaving anyone behind.

Morocco welcomes the holding of this meeting, which will pave the way for a world without HIV/AIDS. My delegation would like to take this opportunity to thank the co-facilitators for their outstanding efforts in negotiating the Declaration (resolution 70/266, annex), which we adopted Wednesday. The Kingdom of Morocco adheres to the Declaration and fully supports the bold and achievable vision for the achievement of 90-90-90: the reduction of 75 per cent of new HIV infections and zero discrimination by 2020.

Since the beginning of the epidemic in 1986, Morocco has stepped up its efforts in the fight against AIDS, particularly through the gradual implementation of measures and strategies to counter the spread of the virus, with a culture of partnership, involving Government departments and a rich and vibrant civil society in the Middle East and North Africa region, as well as locally, nationally and internationally. The personal commitment of His Majesty King Mohammed VI has lent vital impetus to the new strategic plan with two objectives: to care for patients without any discrimination or exclusion and to implement the Declaration of Commitment on HIV/AIDS adopted in 2001 and the Political Declarations on HIV/AIDS in 2006 and 2011.

The Kingdom of Morocco, which has implemented Sustainable Development Goal 6, on HIV/AIDS, has made the fight against this scourge one of its priorities. The founding principle of Morocco is to protect those infected and affected by HIV and to slow the spread of the disease without discrimination and stigma, in accordance with universal standards of quality, solidarity, equality and cultural sensitivity.

Aware of the importance of prevention, Morocco has established several programmes and awareness campaigns to fight HIV/AIDS. Despite the low prevalence of HIV/AIDS in Morocco — less than 0.1 per cent of the population — my country has found that most of the new cases reported appear among the most marginalized populations. Combined prevention programmes have been strengthened by the design and implementation of standards and appropriate tools. Therefore, 150,666 people from these communities have benefited from prevention programmes in 2015. These programmes are developed, planned and implemented in a community approach with the effective participation of the populations concerned.

Morocco has also set up a national HIV screening strategy, which has allowed for the integration of screening activities in primary health care facilities, in birthing centres and community associations. This dynamic has allowed us to have a tenfold increase in the number of people counselled and tested between 2011 and 2015.

With regard to care, Morocco has adopted, since 1997, a national strategy on free access to care and treatment for people living with HIV/AIDS. Therefore, free access to antiretroviral therapy and biological monitoring has been widespread since 2003 for anyone living with HIV eligible for treatment. Access to antiretroviral treatment was strengthened with the adoption, in May 2015, of the new recommendations by the World Health Organization with respect to the test-and-treat model, which enabled a 93 per cent increase in the number of people receiving treatment in 2015.

Thanks to these efforts at prevention, screening and antiretroviral coverage, Morocco was among the first countries in the Middle East and North Africa region to record a decrease in the number of new HIV infections, which decreased by 42 per cent in 2015. In addition, a national strategy on human rights and HIV was developed and implemented in close collaboration between the Ministry of Health and the National Council of Human Rights and involving various national partners, Government sectors and civil society. This strategy aims to promote the rights of people living with HIV and to fight against the stigma and discrimination they face.

Implementing innovative initiatives is important. Ensuring their effectiveness is a necessity. It is in this context that my country has developed a national strategic plan to fight against AIDS 2017-2021, to ensure access to treatment for all, to capitalize on the achievements and integrate Morocco's vision for HIV/AIDS as part of the 2030 Agenda for Sustainable Development (resolution 70/1). This strategic plan was based on epidemiological data collected through extensive research conducted by the Ministry of Health in order to better understand our epidemic and come up with appropriate solutions. All stakeholders have been involved in the development of this plan, including institutional departments, civil society and representatives of people living with HIV. The implementation of the national strategic plan will also focus on reducing inequality in terms of gender and participation by mobilizing all institutional forces and civil society.

The fight against HIV/AIDS requires increased solidarity and greater sharing of responsibilities to end AIDS by 2030. A world without new infections must be our goal, as should access for all patients to treatment. It is vital, obviously, to focus attention and resources on specific measures based on evidence in order to improve the efficiency and yield positive results, while encouraging action over which the country and the population have control.

The lives of millions of people affected were spared and discrimination and stigma have been reduced. Recent developments show that the world is winning the battle. Commendable efforts have been made in the field of biomedical research to develop new drugs, microbicides and vaccine candidates. Funding is undoubtedly necessary to achieve the ambitious goals that the international community has set.

HIV/AIDS is not just numbers. It is individuals, families and societies. HIV/AIDS affects everyone and every nation. My delegation strongly believes that the collective efforts of Governments, civil society and the scientific community must be consolidated to eradicate this scourge. Moreover, we cannot forget to thank UNAIDS and the Global Fund against AIDS, Tuberculosis and Malaria for their outstanding work and support.

I take this opportunity to reiterate Morocco's determination to continue to contribute to the international effort to eradicate AIDS and to make every effort to achieve the vision and objectives set for 2030.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Seychelles.

Ms. Potter (Seychelles): Today marks a very important milestone in the fight against HIV/AIDS, as we all declare our commitment to identifying new strategies to ensure that we eliminate the prevalence of AIDS worldwide. We have already seen great transformation in the global fight against AIDS over the years, with unprecedented levels of research and the development of new policies to combat the epidemic, as well as a global effort to achieve the Millennium Development Goals (MDGs). We must continue to fight even harder, as we set out to implement the Sustainable Development Goals (resolution 70/1, annex) by 2030.

Seychelles, as a small island developing State, has already made tremendous progress in mitigating the prevalence of HIV/AIDS in our country. However, we were not able to escape the grasp of this devastating epidemic and were unable to fully achieve MDG 6, despite our best efforts. Last year, as we set out to test more people, the highest number of new cases of HIV/AIDS was reported, representing an increase of 13 per cent compared to 2014. The ages of the persons

receiving an HIV-exposure diagnosis range from 16 to 63 years, and the age group most affected was the group from 25 to 34 years, which represented 41 per cent of all new cases. Intravenous drug use is now the most common mode of transmission for HIV, representing 47 per cent of new infections.

Despite these challenges, Seychelles has proved the integrity of its mandate to leave no one behind through our many accomplishments, beginning with our recognition of HIV as not just a health issue but one of human rights and social development. In fact, the right to health is enshrined in our Constitution itself, and on the basis of this principle that our health system has been developed, making universal health coverage possible for every citizen.

With this basic right for all at the core of our public health policy, we further ensure that testing and treatment of HIV through antiretroviral therapy is universally accessible and free. To date, we have also opened a wellness centre. We have worked with international partners to perform prevalence studies in key populations, such as last year's national study of sex workers, and we have seen an increasing number of non-governmental organizations and other civil-society actors playing a role in prevention and care programmes. Our two biggest achievements this past year are, first, the introduction of needle-exchange programmes as part of our comprehensive package for harm reduction in intravenous drug users, and secondly, and more importantly, the Government of Seychelles made a historic move to decriminalize homosexuality. All of these efforts are a testament to our commitment to ending AIDS by 2030.

Seychelles is prepared to intensify its efforts to adopt a fundamentally new approach to fighting AIDS, beginning with the fast-track response that we aim to achieve within the next five years. We commit to continuing in investing in treatment, prevention and eliminating discrimination, guaranteeing access to quality HIV-related services for all and leaving no one behind. However, as a small island developing State with a high prevalence of the disease, particularly in the vulnerable groups, Seychelles still requires financial assistance to combat AIDS. As of yet, we have not been able to benefit from the Global Fund to Fight AIDS, Tuberculosis and Malaria as an individual country. We are indeed grateful for the regional projects in which Seychelles has been able to participate, but we would like to underscore the importance of flexibility when it comes to qualifying for access to the Global Fund.

On this note, I urge all of us to unite to meet the shared ambition to end AIDS by 2030, as I declare on behalf of the Government of Seychelles that we fully support the Political Declaration (resolution 70/266, annex) adopted at this high-level meeting.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Israel.

Mr. Roet (Israel): For years, the international community has been working relentlessly to make concrete progress in the fight against HIV/AIDS, but the challenge before us remains immense. It is our responsibility to rally global commitment towards that life-saving goal.

In the 35 years since the HIV epidemic was identified, an estimated 76 million people have been infected with HIV, and 34 million have died of AIDS, leaving 14 million children without mothers and fathers. Globally, AIDS has become the leading cause of death among women of reproductive age and the second leading cause of death among adolescents. Yet 35 years later, there is hope. Together, as a global community, we have taken great strides in responding to the AIDS epidemic. Today, as part of the 2030 Agenda for Sustainable Development (resolution 70/1), Member States have unanimously committed to ending the epidemic of AIDS.

I can personally remember the days when absurd and hateful notions and the stigmatization of the lesbian, gay, bisexual and transgender community as the main carrier of the virus were common. That scapegoating led to people dying of fear and shame because they would not seek treatment. Today, with an ambitious yet wholly achievable target, we have a once-in-a-lifetime opportunity to change the course of history for ever — something our generation must do for future generations.

The AIDS epidemic is closely linked to other Sustainable Development Goals and targets of the 2030 Agenda. AIDS traps families and communities in a cycle of poverty; it deepens inequalities and exclusion. Ending AIDS means a new beginning for millions around the world. We must make the most of this turning point in the HIV epidemic. Through decisive and accountable leadership, we can revitalize and intensify the global response to HIV and AIDS.

Today, we reaffirm our commitment to fast-tracking the end of AIDS. Our responsibility as an international community is to stand by those who are the most affected and to make the end of the epidemic a reality. Achieving this critical goal will require bold steps and concrete actions. Israel believes that ending the AIDS epidemic will require at least doubling the number of people on life-changing treatments. Young girls and women must have access to education as well as to sexual and reproductive health services. It is incumbent upon us to provide key populations with full access to health services delivered with dignity and with respect. We must pursue innovations in science and technology to bring medicines and services to the greatest number of people. Thanks to medical advances, the cost of HIV treatment has been reduced from $15,000 per person per year to just $80. Dosages have been reduced from 18 pills a day to just one, and soon to just a single injection every four months.

Israel is blessed to have some of the best research and development centres in the world. Israeli scientists and innovation are making an impact. Let us imagine a world where humankind has eradicated HIV/AIDS and the virus is no longer a threat. A pair of researchers at the Hebrew University of Israel, Professor Abraham Loyter and Professor Assaf Friedler, are working tirelessly to make that exact dream a reality. They believe that they have developed a promising treatment that could compietely destroy HIV-infected human cells. Instead of simply preventing the replication of the virus, that new treatment has the potential to eradicate the virus completely.

Special efforts must also be dedicated to the prevention of the spread of the virus. The Israeli company Circ MedTech has developed Prepex, a non-surgical low-cost method of circumcision, which has been shown to reduce the likelihood of contracting HIV by nearly 60 per cent. Prepex has been used in over 100,000 procedures across 12 countries in Africa and Asia, and has received the prestigious Tech Award, also known as the Oscar of Silicon Valley, for its life-saving innovation. Awareness of this life-saving procedure is key, and that is why I am wearing a Prepex wristband today. Such scientific progress and new innovations have the potential to eradicate the epidemic once and for all. Science saves lives, and we must join together to intensify our efforts and investment in HIV research.

Allow me to stress that in order to ensure the success of this process, inclusion is the key. Israel believes that we must leave no one behind, and we cannot leave anyone out, especially the most vulnerable and the key populations. Excluding them from this forum will only push us farther away from achieving our goals. With global support and solidarity, we can and must reach the new target of the Sustainable Development Goals to end the AIDS epidemic as a public health threat by 2030.

At this high-level meeting, let us pay tribute to all those who have lost their lives to the epidemic by renewing our resolve — our resolve to continue the search for a cure, our resolve to develop life-saving solutions and our resolve to leave no one behind.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Belarus.

Mr. Dapkiunas (Belarus) (*spoke in Russian*): Today, it is my honour to deliver this statement on behalf of the President of the Republic of Belarus, Mr. Alyaksandr Lukashenko, to the participants in this high-level meeting on HIV/AIDS.

> "The health of any nation is the guarantee of its sustainable development and prosperity. In that regard, building a universally accessible and effective health-care system is a very important priority of the State policy of the Republic of Belarus.
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> "In recent years, the State has done a great deal to increase the share of its gross domestic product for health care. As I speak to the Assembly today, I wish, with a great sense of responsibility, to confirm our country's commitments to the Sustainable Development Goals, particularly to the Goal of providing for the healthful lives and well-being of all persons of any age. An integral part of our health-care policy are measures aimed at preventing the spread of HIV/AIDS. Questions of prophylaxis and treatment occupy an important place in our programme for the demographic health and safety of the people of the Republic of Belarus for the 2016-2020 period.
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> "In the past 10 years, the funds allocated from the State budget for HIV/AIDS treatment have grown more than threefold. National efforts have been strengthened, largely through effective partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria and with the Joint United Nations Programme on HIV/AIDS (UNAIDS).

We are interested in pursuing our relationship with these organizations and call on the global community to continue to provide its full support.

"Belarus is working to reduce the cost of antiretroviral treatment so that we can treat all who require it. We understand the extreme importance of such treatment for countries in Eastern Europe and many other States around the world. That is why Belarus, together with the Global Fund and UNAIDS, is planning to conduct a related thematic interregional event in late 2016.

"In our view, based on our contemporary global experience, the HIV epidemic is a twenty-first-century manifestation of a social plague — the imperfect nature of society and shortfalls of the State. Our work targets and seeks to and help the vulnerable in our fight to counter discrimination and stigmatization. In order to help those who are ill return to normal life in society, we utilize the most contemporary methods and approaches. Moreover, we believe that it is only through a comprehensive multisectoral approach that measures to fight the spread of HIV/AIDS can be successful. Government agencies in the diverse fields of education, sports, social protection, health care and law enforcement must coordinate their work towards that end. At the same time, active and socially responsible civic groups and businesses play an important role.

"A clear priority of our policy is to provide family support based on traditional values. The family is the natural way to stop the spread of HIV/AIDS. We therefore strongly support young people in realizing their desire for a healthy family life. We call on all Governments to consider the fact that, in a highly competitive world, young people must not only spend time on education and professional endeavours, but must also have the desire and opportunity to create a family. This is a question of values and real social safeguards.

"In Belarus, we are convinced that it is impossible to end the epidemic without adequately addressing the illegal drug trade. Governments must be merciless in their response to those who produce and spread this plague. The increase in synthetic drugs is forcing us to take ever-tougher measures to fight drug trafficking, and we are confident that they will be effective. It is important to pool regional and global efforts in the fight against HIV/AIDS under UNAIDS and the World Health Organization. The partnership and solidarity of Governments, businesses and civil society are integral components of this success.

"Once again, I say that, in the future, Belarus will implement the UNAIDS 90-90-90 target and the Sustainable Development Goal of ending the epidemic by 2030".

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Colombia.

Mr. Morales López (Colombia) (*spoke in Spanish*): Colombia thanks the President for convening and organizing this high-level meeting and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Secretariat for their support. We would also like to thank in particular the co-facilitators, Ambassador Lauber of Switzerland and Ambassador Kasese-Bota of Zambia, for their successful work.

This meeting is being held at a decisive moment in the response to HIV/AIDS, and it has the important task of not only of guiding and monitoring the progress made in the area of HIV, but also of promoting the fast-track in the fight against HIV over the next five years to set a course that will allow us to end the AIDS epidemic by 2030, as part of the commitments made by States with the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1).

Colombia is aware of the great challenges that persist in the global fight against this epidemic, as AIDS remains a problem for public health and development and the progress achieved is fragile. Without a strong political commitment, significant international cooperation and consistent actions, the progress could be reversed. The epidemic in Colombia is concentrated, with a prevalence of 0.47 per cent of the overall population and a prevalence exceeding 5 per cent among men who have sex with men, transgender women, people who live on the street and intravenous drug users. Similarly, there are specific pockets of vulnerability among female sex workers, young men and women, displaced persons, women and prisoners, among other affected groups.

Our challenge is to increase the quality of care of people receiving treatment, since only 63 per cent of people achieve an undetectable viral load. In that regard, Colombia's response to HIV and AIDS has been framed in the context of the Millennium Development

Goals and in the Declaration of Commitment on HIV and AIDS, adopted by the General Assembly in 2001, and endorsed by the Political Declarations on HIV/AIDS in 2006 and 2011.

The country is committed to the 90-90-90 targets for 2020 agreed with UNAIDS and has followed the recommendations of the World Health Organization. It also supports the adoption of combined prevention strategies. The country is studying means to establish the adoption of strategies, such as the immediate treatment of diagnosed people regardless of the CD4 cell count; the acceptability of pre-exposure prophylaxis and the importance or not of making available to the public self-administered tests for HIV, all without neglecting traditional prevention strategies and promoting the use of condoms.

The international community must redouble its efforts to accelerate global progress in the fight against the epidemic. To that end, Colombia believes that actions must be focused on such key elements as social determining factors for health; prevention, including treatment as a means of prevention; access to affordable and quality medicines; the inclusion of a human rights approach in combating the epidemic; comprehensive sex education; and research and development to optimize the diagnosis and treatment and to make progress towards a possible cure.

Prevention efforts should focus more strongly on key population groups and have an impact on health factors that make them more vulnerable to infection and ensure access to preventive supplies, such as condoms, and in the case of intravenous drug users, disposable syringes and substitutes in order to reduce damage. Similarly, it is essential to promote and ensure treatments that improve the quality of life and prolong the life expectancy of people living with HIV, so that we can talk about treatment as prevention, because if more people are treated appropriately we can reduce the number of new infections in the general population.

The stigmatization of and discrimination against people living with HIV or affected by it are factors that have the greatest influence on the vulnerability of people who have difficulty accessing preventive services or assistance because of their sexual orientation or gender identity or because they are living with the virus. Their human rights are violated and they are rejected by their families, at their workplace or in educational institutions, or simply because their right to privacy in health services is violated. Consequently, Colombia's actions have been taken from the perspective of human rights, so that respect for human rights is promoted within the community.

Colombia considers it essential to address sexuality as a priority for public health action, given its recognition as an essentially human condition that compromises individuals at every moment of their lives. This allows them to avoid a simple biological or medical assessment so as to address the epidemic from a social perspective with all its determinants within a rights-based framework.

Our country recognizes that sexual and reproductive rights are inviolable human rights that must be recognized, promoted and protected for all people without any discrimination. Similarly, sexual and reproductive health is necessary for the physical well-being of individuals. Ensuring access to quality sexual and reproductive health services contributes decisively to the empowerment of people, gender equality and the full, satisfactory, informed, free and responsible enjoyment of sexuality and reproduction by those who are able to enjoy it.

Colombia has always been in favour of a joint response on the part of the State and civil society. In our country, we have had important experiences in which the firm support of community agents belonging to key populations have been fundamental to prevention, the promotion of rights, greater access to comprehensive care and the generation of productive projects, among other initiatives.

One of the main problems that States face in access to medicines is related to their high cost. Therefore, ensuring the affordability of medicines is one of the major challenges facing health systems. In that sense, it is essential to implement strategies to remove barriers to access to safe, effective and good-quality medicines, such as investments, technology transfers and technical support to further strengthen health systems and generate positive impacts in the development of a robust local pharmaceutical production with local capacities.

We must recognize that the fight against this epidemic poses major challenges to States, particularly with regard to financing. Bearing in mind that public health resources are scarce and compete with other priorities, there is a crucial need for innovative international cooperation strategies that allow us to fast-track the global response to HIV, including the

transfer and dissemination of technology on favourable terms, including concessional and preferential terms for developing countries.

Financing the response provides an opportunity to end the epidemic, and while my country is not without its difficulties, Colombia will allocate the resources necessary for awareness-raising and prevention, particularly the diagnosis, care and treatment of people living with HIV/AIDS. Moreover, over the past year the country has invested some $130 million in response to the epidemic, to which $6 million were added by the Global Fund to fight AIDS, Tuberculosis and Malaria, mainly to strengthen community-based action involving key populations.

We are convinced that much work lies ahead, both nationally and internationally. That is why today Colombia is reaffirming its political commitment to the fight against HIV/AIDS with a view to eliminating the epidemic by 2030.

The Acting President (*spoke in Spanish*): I give the floor to the representative of Bulgaria.

Mr. Tafrov (Bulgaria) (*spoke in French*): Bulgaria aligns itself with the statement delivered on behalf of the European Union (see A/70/PV.99). I would like to add a few remarks in my national capacity.

Bulgaria welcomes the report of the Secretary-General entitled "On the fast track to ending the AIDS epidemic" (A/70/811) and firmly supports the approach based on human rights and gender equality. Bulgaria is also pleased to recall the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016-2021 Strategy and is committed to its implementation. I would emphasize in particular, in accordance with the 2030 Agenda for Sustainable Development (resolution 70/1), the importance of the principle of leaving no one behind, particularly those most affected, most at risk and most vulnerable and marginalized due to HIV/AIDS, and those who suffer multiple and overlapping forms of discrimination. That includes key populations and those subject to the crimes of stigmatization and hatred due to their sexual orientation or gender identity.

Further efforts are needed to end all forms of violence and discrimination, without distinction of any kind. The enjoyment by women and girls of all human rights in all their diversity, including sexual and reproductive rights, the accelerated achievement of gender equality, the empowerment of women and girls, and the elimination of all forms of gender-based violence and harmful practices must be at the forefront of any comprehensive action. Bulgaria views with deep concern the findings on the increased vulnerability of adolescents and young people, especially adolescent girls — who are most at risk — with regard to the AIDS epidemic. There is an urgent need to strengthen prevention efforts and provide universal access, comprehensive sexuality education and non-judgmental and confidential services. It is unacceptable that so many young people lack adequate knowledge about HIV prevention.

Bulgaria has adopted a sustainable policy in the fight against HIV/AIDS. To date, the country has recorded a total of 2,350 cases of HIV/AIDS. Given that it is located in Eastern Europe — a region which, sadly, has seen the most rapid and spectacular development of the epidemic over the past 10 years — my country has prioritized effective prevention efforts as a way to maintain Bulgaria's low prevalence rate of the epidemic.

It has been 20 years since the Bulgarian Government established the National Committee for the Prevention and Control of HIV/AIDS, which includes representatives of governmental and non-governmental organizations (NGOs). This year, Bulgaria adopted its third national programme for the prevention and control of HIV and sexually transmitted infections for the period 2016-2020, which establishes updated requirements and new policies for international organizations, including the World Health Organization Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021; the European Union long-term surveillance strategy 2014-2020; the European Monitoring Centre for Drugs and Drug Addiction; and the key indicators of UNAIDS, namely, the 90-90-90 targets. During the past 20 years, the Ministry of Health of Bulgaria has provided and continues to provide funds to purchase antiretroviral drugs for all people living with HIV/AIDS and to monitor their treatment. It is important to stress that all people living with HIV/AIDS in Bulgaria have equal and free access to up-to-date antiretroviral therapy, regardless of their status of health insurance.

Over the past 10 years, with the financial support of the Global Fund against AIDS, Tuberculosis and Malaria, Bulgaria has established a large-scale HIV prevention programme for the most vulnerable. We have put in place a network of 50 NGOs, 35 preventive health centres, 19 clinics for anonymous, free HIV testing and counseling, 17 mobile medical units and a

network of 18 youth clubs offering peer-based learning opportunities. The programme annually provides medical prevention services to over 50,000 people who are the most vulnerable to HIV/AIDS. In addition, more than 110,000 children and young people at risk participate in special, individualized on-site activities and campaigns on risk-free sexual behavior. The Bulgarian Government will continue increasing its financial commitment to strengthen prevention and health advocacy activities.

Bulgaria underlines the importance of providing integrated, holistic and high-quality services that respect the right to health care for all, including by training medical personnel in human rights. The support of women's rights organizations, community networks, organizations of people living with HIV/AIDS, groups led by young people and human rights activists, who play a crucial role in strengthening health systems and in the delivery of services, will be of crucial importance to achieving the common goal of ending the AIDS epidemic by 2030.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Nicaragua.

Mrs. Rubiales de Chamorro (Nicaragua) (*spoke in Spanish*): The Nicaraguan delegation welcomes the convening of this important high-level meeting, which merits the attention and commitment of the entire international community.

The Nicaraguan Government, led by President Daniel Ortega Saavedra, is committed to the protection and promotion of people's human rights. Reaffirming the right to health care and free access to health services is a priority of our Government, as is reaffirming other human rights, including the right to development, as set forth in our country's Constitution. The Sandinista Government has created an HIV policy providing cost-free prevention and diagnostic services. The political goodwill of the Government and the private sector has allowed us to set an example for the region in our national response to HIV.

Our Government works together with various organizations and associations of people living with HIV/AIDS. We have seen progress at the national level, and, to date, we have achieved greater national coverage. Previously, people with HIV had a single referral hospital for care and medications, whereas now we have more than 53 health units that provide such care. That reflects the Government's interest in decreasing the mortality of people with HIV by facilitating access to treatment and improving the quality of life of Nicaraguans who have the virus.

We are working in the universities, in communities and directly with young people by appealing to their conscience to prevent infection and the spread of the HIV/AIDS virus through the medium of films and documentaries that explain the risks and how to prevent the disease.

Since 2007, Nicaragua has had in place a national solidarity plan for people with HIV/AIDS, and the date of 18 May is now a Day of Solidarity with People with HIV/AIDS. As part of the festivities, every year the Ministry of Health and the Nicaraguan AIDS Commission organize various awareness-raising activities for Nicaraguans that focus on preventing the HIV epidemic. And we also promote solidarity with persons affected by the virus in order to decrease stigma and discrimination against them and their families.

Such Government support has allowed for multisectoral participation and the restoration of rights to our brothers and sisters affected by that epidemic. The goodwill has led to policies and laws such as Law No. 820, which guarantees the rights of people with HIV/AIDS. Adopted in 2012, the "Law for the promotion, protection and defence of human rights for HIV/AIDS prevention and care" aims at ensuring respect and protection for human rights with an emphasis on comprehensive HIV-related health care, by ensuring universal access to antiretroviral therapy treatment, to treatment for communicable diseases and access to condoms and other contraceptive methods for prevention. In that regard, priority is given to people with HIV/AIDS, to the most vulnerable and at-risk populations and the population at large.

Today, all HIV/AIDS testing kits are purchased with Government funds, making it possible not to depend entirely on external cooperation. The population now has access to affordable tests to detect the virus. Rapid tests for HIV are available in all rural and urban centres. Annually, we diagnose about 1,200 people infected with the virus, out of 360,000 tests carried out annually. We give priority to pregnant women, which has reduced mother-to-child transmission. Currently, only two children out of every 100 infected women are born with the virus. Our Government has shown its commitment to this struggle, in terms of both preventing and managing HIV/AIDS. Our progress will

enable us to eliminate mother-to-child transmission and improve treatment and care in the health units.

We will continue to face challenges, but our commitment is firm and we will continue to work hard in unity and harmony with all stakeholders involved to provide better attention to orphans and their families, to ensure a better quality of life for people with HIV, including their integration in the labour market, housing and health, among other things, and also improving a new registration and information system. We are going to meet those challenges in the framework of our work, which we perform with dedication, care, affection and quality.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Cabo Verde.

Mr. Ferreira (Cabo Verde) (*spoke in French*): First of all, let me thank the President for the holding of this high-level meeting on HIV-AIDS, which is taking place at a time of great importance for the implementation of the 2030 Agenda for Sustainable Development (resolution 70/1).

In line with the African common position, the Government of Cabo Verde recognizes the fact and the interest of this meeting as a platform for the development of a future global convention with a view of eliminating AIDS by 2030, which would set out, among other things, measures for prompt implementation that are vital to ensure its success; prevent, identify and ensure the necessary financial commitments for its implementation; and define targets, deadlines and follow-up mechanisms. The post-2015 development agenda includes in goal 3.3 ending the AIDS epidemic, tuberculosis and other communicable diseases by 2030.

To ensure that we are on the right path to fight and put an end to this epidemic, we need the actions and commitments made in the Political Declaration on HIV and AIDS (resolution 70/266, annex), which we just adopted, to be effectively implemented. Sub-Saharan Africa is still the area most affected by the epidemic. Women and girls are among the most affected portion of the population and at the highest risk of infection, which poses a serious problem for the continent's sustainable development.

My Government is convinced that, in order to put an end to the HIV/AIDS epidemic, we will without doubt need to reduce poverty, but also to know how to promote and protect human rights by combining them with the necessary and effective wherewithal to do so. It will undoubtedly be important to ensure access to, and the supply of, high-quality medications and products, to have available the requisite technological transfers and to strengthen the capacities of our national institutions and community systems so we can consolidate a multisectoral response. All of that has to be part of our priority in this fight.

We reiterate our belief that, in fighting the epidemic, we need to respect human rights. In particular, we need to secure the rights to education, to physical and mental health and to universal and non-discriminatory access to health-care services. Moreover, we are firmly convinced of the importance of fighting all forms of violence against women and gender-based violence. The promotion of gender equality and the empowerment of women and girls is urgent. Eliminating stigma and discrimination is most urgent.

Cabo Verde has made significant and substantial progress in the prevention and treatment of HIV/AIDS, mainly with the introduction of antiretroviral drugs in 2004. The epidemic in my country has a concentrated profile, with a prevalence of 0.8 per cent in the general population.

In order to provide a tangible response to the epidemic, national authorities have implemented national strategic plans to fight AIDS, which are multidimensional and include all stakeholders in the public sphere, governmental or municipal, as well as civil society, including the private sector. At the same time, we need to develop support measures for the most vulnerable populations, particularly key high-risk populations. In that regard, we have integrated essential elements for awareness-raising and the fight against HIV in the mandatory education curriculums. We have strengthened activities for young people concerning sexually transmitted infections and HIV and programmes to raise awareness of, promote and distribute birth control.

We also highlight our positive results in the prevention of mother-to-child transmission of HIV/AIDS, thanks to a more robust health-care system, efforts to improve access to sexual and reproductive health-care services, and reproductive rights. Today, over 96 per cent of pregnant women get tested for HIV, and those who are infected benefit from 100 per cent coverage for antiretroviral therapy, which has allowed us to reduce mother-to-child transmission.

We are pleased that the 2016 Political Declaration has taken into account the priorities of small island developing States, middle-income countries and countries that have recently graduated out of the least developed countries category. Nevertheless, we remain convinced that the financing needs of countries with special circumstances must be addressed in the framework of international cooperation, bearing in mind the principles of shared responsibility and global solidarity, with a view to significantly increase national resources for a sustainable response to AIDS.

Finally, since the fight against HIV/AIDS is a global challenge, it requires global action and global leadership based on coherent interventions and the responsibility of one and all.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Uruguay.

Mrs. Carrión (Uruguay) (*spoke in Spanish*): While significant progress has been made in recent years to reduce the scourge of HIV/AIDS, many challenges still lie ahead. Indeed, the HIV/AIDS epidemic remains a threat to millions of people worldwide, which is why we attach great importance to the holding of this high-level meeting to advance the goal of ending the epidemic by 2030.

The Latin American and the Caribbean region still has the highest levels of HIV/AIDS after Africa. In this regard, international cooperation is essential to maintaining and expanding the sources of funding for a response to HIV, ensuring that all infected persons have access to antiretroviral drugs, and maximizing national efforts.

In recent years, Uruguay has made substantial progress regarding the social determinants of HIV/AIDS, and has developed strategic actions that have helped make headway against the epidemic, resulting in many achievements. The AIDS mortality rate began to stabilize in 2012; the rate of new cases has been declining since 2013, and late diagnoses have also declined; the number of people undergoing antiretroviral treatment has increased, and vertical transmission of HIV decreased from 8.3 per cent in 2005 to less than 2 per cent in 2015.

Despite these improvements, many challenges remain. The vertical transmission of HIV and syphilis and HIV/AIDS morbidity and mortality are two of the fifteen critical issues that the Ministry of Public Health has prioritized in the current five-year term. Our national health objectives include reducing the incidence of HIV and the AIDS mortality rate, increasing diagnosis rates among those infected with HIV, expanding the coverage of antiretroviral treatment, and reaching and sustaining the targets of eliminating congenital syphilis and the vertical transmission of HIV.

Uruguay recognizes the particular vulnerability of key populations, such as men who have sex with men, gay and transgender persons, sex workers, persons deprived of their liberty, drug users and women living with HIV in situations of sexual and gender-based violence. We must promote policies that specifically name these groups in order to prevent them from becoming invisible by generically labelling them "key populations" in all normative and political activities.

We are greatly concerned about persistently high levels of stigmatization and discrimination against people living with HIV, which are the main obstacles to their full enjoyment of their rights. It is essential to eliminate norms that foster discrimination against the lesbian, gay, bisexual, transgender and intersex community and to promote campaigns to ensure the rights of all its members.

Uruguay calls for greater involvement in the education sector, where a majority of adolescents and young people can be reached, and the expansion of formal and informal sexual education programmes and access to methods of protection. We must provide new centres for rapid, free, and accessible diagnoses that will boost participation in the health-care system. It is also important to demedicalize access to testing and male and female condoms. In so doing, we promote greater access to effective treatment with psychological support.

Uruguay is working intensively to reach the 90-90-90 targets by 2020, the attainment of which would enable us to end the epidemic by 2030 and thereby meet target 3.3 of the Sustainable Development Goals (resolution 70/1) to eliminate this scourge.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of the Czech Republic.

Mr. Ellinger (Czech Republic): On behalf of the Czech Republic, let me commend the international community and all partners for the progress made in the field of prevention and control of HIV/AIDS.

We particularly welcome the continuing inclusion of the issue among the priorities of the sustainable development framework, most notably in the 2030 Agenda for Sustainable Development (resolution 70/1).

The Czech Republic fully aligns itself with the statement made on behalf of the European Union and its member States. We remain committed to contributing to the global fight against HIV/AIDS, leaving no one behind, and ending the epidemic by 2030, as set out in target 3.3 of the Sustainable Development Goals.

In response to the existing global HIV/AIDS burden, we have strengthened our national response and efforts towards the prevention and control of HIV/AIDS, and we welcome international experience and good practices in this field. Our national framework for action is now defined mainly by the national programme for HIV/AIDS management, together with the Health Protection Act and other related legislation. Given the ongoing developments in HIV/AIDS prevention and control, we are currently preparing an updated version of the national programme, taking on board all relevant stakeholders and building on both national and international evidence.

At the same time, we are convinced that existing measures are already enabling us to use effective tools in the fight against HIV/AIDS, such as supporting health literacy and strengthening health education beginning in early childhood, developing and extending the accessibility of services for anonymous HIV testing, increasing the accessibility and affordability of quality treatment and care, protecting vulnerable populations from intentional or reckless transmission, avoiding mother-to-child transmission and many other measures, while protecting and promoting the human rights of people living with, at risk of and affected by HIV/AIDS. We also seek to proactively remedy cases of discrimination in order to eliminate the stigmatization of vulnerable groups.

It is in this spirit that we endorse the present Political Declaration (resolution 70/266, annex), and we aim to use its principles in dealing with the challenges of HIV prevention. We are also convinced that further tailored regional and national responses are needed to address the needs of individual countries more specifically.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Peru.

Mr. Meza-Cuadra (Peru) (*spoke in Spanish*): At the outset, allow me to express the satisfaction of my delegation at the holding of this high-level meeting on HIV/AIDS, which represents a unique opportunity for States to commit themselves to working on accelerating the response to HIV to allow our planet to put an end to the AIDS epidemic by 2030, in the light of the Sustainable Development Goals and in particular target 3.3, which points to the elimination of this epidemic, among other diseases, during this time frame.

This meeting, along with the recently adopted Political Declaration on HIV and AIDS (resolution 70/266, annex), which our country is committed to and welcomes, will be essential to building on the momentum that has already been created in the fight against HIV/AIDS and ensuring global commitment to putting an end to this epidemic forever. As part of the actions necessary to achieve this goal, it is essential to focus our efforts on key populations, as well as people living with HIV. We must ensure their access to information, preventive measures and antiretroviral treatment; the elimination of stigma and discrimination through the promotion of laws and policies to ensure the full enjoyment of all human rights and fundamental freedoms; and the investment in the provision of services and comprehensive health coverage.

In the case of Peru, another group that is particularly vulnerable to HIV is the indigenous Amazonian population, among whom ethnic prevalences of between 1 and 2 per cent are observed. In that case, geographical and cultural barriers hinder the access of these populations to preventive measures and comprehensive care. In our country, an important legal and regulatory framework respects, protects and promotes the full enjoyment of health and sexual and reproductive rights for all from a gender perspective with a focus on key populations, in accordance with the Peruvian reality and includes the Amazonian indigenous population.

In response to the specific situation of people living with HIV, in 1996 Peru adopted anti-AIDS legislation that ensures the voluntary nature of HIV testing, the confidentiality of diagnosis and the access to comprehensive care of this population group. Subsequently, in 2004, the Ministry of Health established a programme of universal and free access to combined antiretroviral therapy. This programme offers a free package of preventive interventions, including counselling, access to quick HIV testing, the supply of condoms, the treatment of sexually

transmitted infections and post-exposure prophylaxis, and takes advantage of the benefits of antiretroviral preventive treatment. Peru is also evaluating the future implementation of pre-exposure prophylaxis and reaffirms the importance of structural strategies, such as the fight against homophobia, transphobia and discrimination against people living with HIV.

Peru has adopted a multisectoral strategic plan for the prevention of sexually transmitted infections and HIV for the period 2015-2019, which includes the actions of eight sectors of the State and the participation of civil society. Also, plans focused on transgender women, indigenous Amazonian people and pregnant women living with HIV are being implemented. In addition, in terms of raising awareness among the general population, 10 June was established as National HIV Testing Day.

Thanks to these efforts, Peru has reduced AIDS mortality by 40 per cent and is considered one of the 10 countries in the world to have achieved this goal most quickly. Also, the rate of mother-to-child transmission of HIV has been reduced from 12 to 4 per cent over the past 10 years, and the country is committed to achieving the elimination of this form of transmission to 2021.

Looking ahead to the 90-90-90 targets, the baseline of the country in 2014 shows that the diagnostic coverage is 64 per cent, the coverage of treatment is 57 per cent and virologic suppression is 51 per cent. It will be possible to achieve the targets and put an end to the AIDS epidemic by 2030 only if we strengthen these actions and the commitment of the State and civil society.

In the past 5 years, the commitment of the Peruvian State to health has been reflected in important progress in universal health coverage, the progressive increase in funding for health and investments in health infrastructure. In this context, we highlight the progress achieved in our country in relation to the protection of the rights of key populations. Our efforts to put an end to AIDS by 2030 means that we will collectively respond quickly and seize the opportunities offered by the 2030 Agenda for Sustainable Development (resolution 70/1).

The Acting President (*spoke in Spanish*): I now give the floor to the representative of the Sudan.

Mr. Mohamed (Sudan) (*spoke in Arabic*): I am honoured to take part in this high-level meeting of the General Assembly on HIV/AIDS. I am also pleased to convey to the Assembly the warmest greetings of the President of the Sudan, His Excellency Mr Omar Hassan A. Al-Bashir, and his wishes for the Assembly to develop ambitious strategies and plans of action to eradicate AIDS by 2030.

The Sudanese delegation would like to take this opportunity to thank the co-facilitators from Zambia and Switzerland for their efforts aimed at reaching a compromise among Member States with regard to the Political Declaration (resolution 70/266, annex).

I align myself with the statement delivered by the Minister of Health of Zambia on behalf of the Group of African States.

This meeting is timely as it addresses the risks and challenges related to AIDS at the national, regional and international levels and examines the commitment of Member States to undertaking the efforts necessary to reduce the harm and risks of this epidemic. The significance of this meeting lies in particular in drawing the world's attention to the importance of accelerating the fight against HIV and to putting an end to the AIDS epidemic by 2030, as well as exerting concerted and synergized efforts to eradicate AIDS by 2030. Given the importance of this meeting, the Government of the Sudan is eager to carry out all the preparatory activities through the Groups of African and Arab States out of its eagerness to define positions and concepts and a common plan of action within the regional groups and among countries in order to put an end to the world's most threatening epidemic so far.

The Sudan remains committed to fulfilling its commitments to addressing AIDS, which is part of its implementation of its national commitments in terms of human rights, especially the right to health. The Sudan is fully equipped with the ethical and scientific criteria derived from heavenly religions and which have enabled it to be able to contain HIV/AIDS. Given our awareness of the risks posed by poverty and increased migration and displacement to the spread of AIDS, the Sudan has been addressing the root causes of the twin phenomena of poverty and migration at the national and regional levels. We are tirelessly working towards peace and consensus among the people of the Sudan through national dialogue, which can eventually contribute to the enhancement of health in general.

The Sudan continues to favour the integration of official and unofficial efforts to address AIDS, which was evident in the response of all sectors and fulfilment

of the role of civil-society organizations, which spared no effort in taking up the responsibility to fight AIDS as well as in playing a prominent role in the preparatory meetings held in Nairobi, Cairo and New York. The Sudan attaches special importance to the provision of health-care services to people with HIV within the framework of universal health coverage. In addition, we have integrated the health dimension into all our policies in order to guarantee a strong and effective response. That strategy serves as the foundation for the Sudan's vision with regard to health and achieving sustainable development by 2030.

The Sudan gives special priority to people living with HIV/AIDS. We are making coordinated efforts to change society's view of people with HIV/AIDS and to eliminate discrimination and stigma, which would serve as the basis for the realization of the 90-90-90 strategy. We hereby express our support for the Political Declaration, except for certain points on which we have reservations, as they contradict the cultural and ethical value system on which we base our policies. Nevertheless, we declare our commitment to eradicating AIDS by 2030.

Our delegation would like to take this opportunity to express its dismay at the sanctions that are impeding the development and growth of the Sudan, which constitute a great challenge. We urge the international community to help the Sudan by lifting those unjust and unfair sanctions, which, inter alia, have hindered our efforts to fight AIDS and have compromised our ability to implement a system of fundamental human rights in the Sudan, including the right to health.

In conclusion, the Sudan, like all other countries affected by the AIDS epidemic, seeks to develop an effective partnership with the international community in order to secure the necessary resources and build capacity to guarantee the implementation of national strategies aimed at development and prosperity and to putting an end to the epidemic by 2030. My delegation reiterates its position with respect to the important role of the family and cultural and religious values in the fight against HIV/AIDS and emphasizes the importance of national sovereignty among the rights of all Member States under the Charter of the United Nations and the principles of international law.

The meeting rose at 1.30 p.m.

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Seventieth session

Official Records

102nd plenary meeting
Friday, 10 June 2016, 3 p.m.
New York

President: Mr. Lykketoft ..... (Denmark)

In the absence of the President, Mr. Gumende (Mozambique), Vice-President, took the Chair.

The meeting was called to order at 3.05 p.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

The Acting President: I now give the floor to the representative of Estonia.

Mr. Jürgenson (Estonia): Estonia aligns itself with the statement delivered by the representative of the Netherlands on behalf of the European Union (see A/70/PV.99).

This high-level meeting is a unique opportunity to renew our political commitment to ending the HIV epidemic within the next 15 years. Estonia welcomes the important gains achieved in addressing the HIV and AIDS epidemic. At the same time, we acknowledge the remaining critical gaps and challenges. If we are to end AIDS by 2030, we must scale up the response through evidence-based policies and programmes and increased, adequate investments that address those gaps and challenges.

Estonia welcomes the outcome of the United Nations high-level meeting and its call for an accelerated response and renewed commitment. We thank the co-facilitators of this process, Ambassador Mwaba Kasese-Bota of Zambia and Ambassador Jürg Lauber of Switzerland, for their able leadership in negotiating the document (resolution 70/266, annex). Estonia fully endorses a human-rights based and gender-responsive approach to fast-tracking the end of AIDS. We are committed to the effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences. In that context, Estonia also remains committed to sexual and reproductive health and rights.

We emphasize the need for universal access to quality and affordable comprehensive sexual and reproductive health information and education, including comprehensive sexuality education. Ensuring that no baby is born with HIV is an essential step towards achieving an AIDS-free generation. Providing prevention of mother-to-child transmission treatment to all women in need of it is the most effective way to eliminate new HIV infections among children and keep their mothers alive.

We commend the leadership role of the United Nations Children's Fund in setting the global agenda on prevention of mother-to-child transmission, as well as its efforts to scale up national prevention of mother-to-child transmission programmes in resource-limited settings. We must ensure that all babies, children, adolescents and their mothers are able to access life-saving HIV prevention, treatment, care and support. HIV/AIDS remains a major global public health issue. It also continues to pose a considerable health challenge for Estonia.

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By expanding testing at the primary care level, we are currently focused on ensuring that all people living with HIV know their status. Co-morbidities pose another challenge. The higher risk of contracting tuberculosis faced by people living with HIV is well known. Containing tuberculosis among people living with HIV and thereby avoiding a combined epidemic is of the utmost importance. This challenge can be overcome by paying greater attention to the need to make existing services more patient-oriented and promoting networking among different professions.

For a holistic patient-centred approach, we are currently offering combined services for HIV and tuberculosis as well as HIV and opioid substitution therapy. All HIV- and tuberculosis-related services, including harm reduction services, are fully funded by the State budget. While dealing with these challenges, we are constantly striving to find innovative solutions and promote the use of technology. In addition to the digital solutions already used within the national e-health system, we are currently seeking specific solutions that would address the challenges specific to HIV/AIDS.

HIV epidemics in different regions have different contexts. The European region is the only one in which the number of new infections is still growing. Injecting drug use still accounts for almost half of all new HIV cases in Eastern Europe and Central Asia. This epidemic cannot be stopped in this region without harm reduction and access to healthcare and social services. We call on the Joint United Nations Programme on HIV/AIDS to provide assistance to Member States in that regard.

In line with the 2030 Agenda for Sustainable Development (resolution 70/1), we support the need to strengthen health systems and capacities for broad public health measures and to promote well-being, and we commit to advancing universal health coverage and access to essential health services and medicines for the prevention and treatment of HIV and AIDS and related services. We must commit to improving our response and support for prevention, treatment and care among key populations at higher risk of HIV, including sex workers, people who inject drugs, men who have sex with men, transgender people and people in prison, among other groups at risk in different settings and geographical areas.

The Acting President: I now give the floor to the representative of Cameroon.

Mr. Tommo Monthe (Cameroon) (*spoke in French*): Cameroon welcomes the adoption of the Political Declaration on HIV/AIDS (resolution 70/266, annex) entitled "On the Fast Track to Accelerate the Fight Against HIV and to Ending the AIDS Epidemic by 2030". We associate ourselves with the statement made by the representative of Zambia on behalf of the Group of African States (see A/70/PV.98). We welcome the inclusion in the Declaration of the provision on national sovereignty, which is essential and which encourages national ownership and leadership by Governments in the fight against HIV and AIDS. That provision ensures that the provisions of the Declaration are implemented in strict compliance with each country's national laws, cultural and religious values and development priorities.

My delegation would like to take this opportunity to reiterate the African position with regard to the use of the term, key populations, the meaning of which will vary according to the national context and the local epidemiological context of each country. Cameroon is among the most affected countries, with a prevalence estimated at 4.3 per cent of the population of adults aged 15 to 49. It remains in a generalized epidemic, although the situation has stabilized, with a 20 per cent reduction between 2004 and 2011.

In order to eradicate the devastating effects of the epidemic, which slows development efforts, the Government of Cameroon includes the fight against HIV/AIDS among its national priorities, with the personal involvement of the President of the Republic, His Excellency Mr. Paul Biya and the important contribution of the First Lady, Mrs. Chantal Biya, whose network of associations and the African Synergies organization bring real added value to the national struggle against HIV and AIDS.

Owing to the combined efforts of the Government, development partners, the private sector and civil society, the implementation of various strategic plans developed since the launch of the Cameroonian response has yielded encouraging results in terms of expanding access to the necessary treatment, care and support for those infected and affected by HIV and AIDS; preventing mother-to-child transmission of the virus; and preventing new infections among the general population and high-risk groups. Cameroon's response is characterized by a strong political commitment, in

the form of an increase in national resources allocated to the fight against AIDS, from €1.525 million in 2002 to €15 million in 2015.

In order to halt the advance of the epidemic, reverse trends and mitigate the negative impact of AIDS on the general population, Cameroon is taking a series of actions to provide an analysis of the epidemic, assess its social and economic impacts and the needs in terms of the national response, including the cost of antiretroviral treatment. In a context characterized by a significant proportion of people who do not know their HIV status, Cameroon has decided to intensify prevention efforts. The key achievements in this part of the fight against HIV and AIDS are, first, communication and education aimed at bringing about behavioural change; secondly, strengthening screening campaigns and availability of and access to condoms, which have a special place in our struggle; thirdly, achieving transfusion safety, with the establishment of a national blood transfusion programme in 2013; and fourthly, preventing mother-to-child transmission, which remains one of the priority areas.

With regard to access to care and treatment, Government efforts are completely plausible. In its strategy for combating HIV/AIDS, Cameroon has also undertaken to provide enhanced support for and protection of people living with HIV, orphans and vulnerable children and people affected by HIV, in order to mitigate the psychological, social and economic impact that HIV has on them. Psychological support is being promoted, and efforts are being made to provide health, educational, nutritional, psychological support and legal protection to orphans and vulnerable children. Efforts are also being made to increase civil society and private sector involvement in the fight against AIDS.

Taking into account the strengths and weaknesses identified by the assessment of the national strategic plan and international approaches to the fight, particularly the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 target, the Government, with the support of its partners, has developed a three-year plan to accelerate therapy for 2015 to 2017, with ambitious targets related to the screening of pregnant women and children at risk. It has also adopted the test-and-treat strategy for the general population and a laboratory extension plan aimed at achieving viral load control.

I conclude by noting that the greatest challenge will be that of mobilizing the necessary funds in the midst of a financial and economic crisis. We call upon the international community to continue to support such international financing mechanisms as the Global Fund to Fight AIDS, Tuberculosis and Malaria. We also call for the generosity shown through other mechanisms, such as the United States President's Emergency Plan for AIDS Relief, UNAIDS and the French Therapeutic Hospital Solidarity Network, to continue. Their invaluable support has been crucial in the fight against HIV/AIDS in Cameroon. My country is convinced that, with a strong political commitment and the increased involvement of all partners in making available the resources needed for the fight against HIV and AIDS, we can defeat this pandemic by 2030 or before then, by 2020 as set out in the Declaration.

The Acting President: I now give the floor to the representative of Mongolia.

Mr. Sukhee (Mongolia): It is my great honour and privilege to address this very distinguished audience on behalf of the Government of Mongolia. My Government highly commends the world for coming together as one in the fight to end the AIDS epidemic as a public health threat by 2030 and welcomes this important opportunity to assess the progress made towards realizing the 10 targets of the 2011 Political Declaration on HIV and AIDS. The Political Declaration has played a crucial role in scaling up the HIV response in my country. The following results should be underscored.

First, the Government of Mongolia is successfully fulfilling the commitment it made at the high-level meeting on HIV/AIDS in 2011, to ensure zero vertical transmission of HIV and zero new infections as a result of blood transfusion.

Secondly, life-saving antiretroviral treatment is provided free of charge to all people living with HIV.

Thirdly, measures have been taken to reduce the national AIDS response's dependence on shrinking donor support. As a result, allocations from the State budget for the AIDS response have almost doubled in the past five years, and the procurement of antiretroviral drugs is funded entirely by domestic resources.

Fourthly, legal reform is under way to end policies and practices that reinforce discrimination, particularly against people living with HIV and key populations. The law on prevention of HIV/AIDS was revised in December 2012, and HIV-related travel restrictions and other discriminatory provisions targeting people

living with HIV have been lifted. For the first time, the revised Criminal Code, which will enter into force in September, has criminalized discrimination and offences on the basis of sexual orientation and gender identity.

Mongolia has been successful in maintaining a low prevalence of HIV infection among the general population. However, in the recent past the number of reported cases has been growing exponentially, with more than half of all notified HIV cases being reported in the past five years. Modelled projections show that HIV prevalence in Mongolia could triple in the next five years without an expanded national AIDS response. There have been no substantial improvements in condom usage among adults and young people in the recent past. Young adult awareness of HIV infection and prevention is well below the global targets.

Coverage of HIV prevention programmes among key populations has fallen more than twice in the past five years due to the decline in donor support brought about by Mongolia's transition to upper middle-income country status. This clearly demonstrates that our achievements are very fragile, especially in countries like Mongolia, which have recently been promoted to middle-income status and in which a decrease in development assistance is likely to lead to a crisis in HIV funding. The space for domestic investment in the AIDS response in middle-income countries is further limited by the growing double burden of disease, as the prevalence of non-communicable diseases is rising more rapidly than that of infectious diseases, including HIV.

Although the Government of Mongolia has been gradually increasing domestic funding for the AIDS response, programmes focused on key populations still require more investment, as they are often run by civil society. In other words, it is the community-based programmes for key populations that suffer the most as a result of moving away from investing in the AIDS response in middle-income countries. Reflecting on this reality, Mongolia would like to ask the Joint United Nations Programme on HIV/AIDS and other international partners to focus not only on countries, but also on poor and vulnerable population groups within countries, including middle-income countries.

An estimated 70 per cent of HIV-positive people live in middle-income countries. Scaling back development assistance in those countries puts those in greatest need at risk and jeopardizes our collective progress towards the global vision of zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination. Following the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1), in which we committed to leaving no one behind, Mongolia's 2030 Sustainable Development Vision was launched last April.

In conclusion, I would like to reiterate my Government's strong commitment to accelerating the pace of progress made in fighting HIV/AIDS and other communicable diseases and epidemics and to the Political Declaration on HIV and AIDS (resolution 70/266, annex).

The Acting President: I now give the floor to the representative of Mauritius.

Mr. Koonjul (Mauritius): Mauritius welcomes this very important high-level event to address the HIV/AIDS epidemic. We also welcome the Political Declaration (resolution 70/266, annex) adopted on Wednesday as a testimony of our global commitment and renewed engagement to eradicate HIV/AIDS. The Secretary-General's report (A/70/811) on the fast track to ending the AIDS epidemic provides an assessment of our past actions, identifies gaps and challenges and makes recommendations for action-oriented approaches that will support our endeavour to end AIDS by 2030.

Despite the efforts made by all stakeholders, the Secretary-General's report notes that progress in reducing the number of infections worldwide has been slow and uneven. In some areas, new infections have actually been rising, and awareness of HIV transmission and comprehensive knowledge about the disease has been stagnating. As policymakers, we must pursue our advocacy efforts and ensure that health care and related services are provided. We need to strengthen preventive measures aimed at the key affected populations, and we must always ensure that our words are matched by our deeds by providing a comprehensive package of treatment, prevention and support to all those affected.

Mauritius has a concentrated epidemic, with an HIV prevalence of 0.8 per cent among the general population. The prevalence of HIV is above five in each of the key affected populations. The most affected people are those who inject drugs, at about 43 per cent; non-heterosexuals, at 20 per cent; prison inmates, at about 20 per cent; and less than 1 per cent among pregnant women. Well aware of the impact of HIV/AIDS on people, communities and the country, Mauritius has

taken strong measures to address the epidemic. We have remained attentive to and rigidly followed international guidance on the subject of HIV programming and on the monitoring and evaluation of the programme set by such international organizations as the World Health Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime.

Mauritius is committed to implementing the Sustainable Development Goals and the fast-track approach to end the AIDS epidemic by 2030. Our 2016-2021 national HIV action plan drives the 90-90-90 targets and is aligned with the UNAIDS 2016-2021 Strategy. By the end of 2020, Mauritius is projecting that it will have diagnosed 90 per cent of all people living with HIV, started and retained 90 per cent of those diagnosed with HIV on antiretroviral therapy and achieved real viral suppression for 90 per cent of patients on antiretroviral therapy, keeping in spirit the vision of the three zeroes: zero new infections, zero discrimination and zero AIDS-related deaths.

Our Equal Opportunity Act of 2008, the HIV and AIDS Act of 2006 and the Protection of Human Rights Act of 1998 provide the legal frameworks that help to facilitate the expansion of programmes on HIV and AIDS prevention and management among all levels of the work force. Those policies and frameworks also consolidate the actions taken to eliminate stigma and discrimination. We are actively engaged in creating community awareness and programmes targeting the key affected populations. Special activities aimed at the youth have been set up in order to impress upon them the need to avoid dangerous sexual practices, use of intravenous and all other drugs and unsafe piercings and to follow good hygiene practices, including getting tested and knowing their HIV status.

We also have a very successful programme on the prevention of mother-to-child transmission, which has kept the prevalence of HIV among pregnant women at under 1 per cent. Mauritius is aiming to become the first country in the region to completely eliminate mother-to-child transmission of HIV. More importantly, we continue to involve all stakeholders — including civil society and non-governmental organizations — in this exercise.

In March, the Government of Mauritius opened a new medical facility in the women's detention centre. Medical care for detainees is in keeping with human dignity and contributes significantly to the health status of the communities to which prisoners belong. Our aim is to ensure that incarcerated people lead a healthy lifestyle, bearing in mind that they will return to their families and communities eventually. We are doing everything within our capacity to provide the best health care possible to our people.

The Government is the major source of HIV and AIDS funding, accounting for 72 per cent of all spending, while 26 per cent of the national response comes from external sources, mostly the Global Fund to Fight AIDS, Tuberculosis and Malaria. Mauritius has benefited from a grant of about 8 million Euros from the Global Fund for the period 2010-2014 and is expecting another grant of 5 million under the Global Fund's new funding model for 2015-2019.

We would like to take this opportunity to make a special plea for contributions to the Global Fund and for enhanced collaboration from our partners, without which we will not be able to eradicate the HIV/AIDS epidemic. The Sustainable Development Goals will be significant and can be realized only if we take measures to safeguard the health of our people, who are not only the recipients of prosperity of a country, but are the very foundation, the contributors and the drivers of economic growth through their work, creativity and entrepreneurship.

The Acting President: I now give the floor to the representative of Australia.

Ms. Appleyard (Australia): This meeting is a major milestone in our joint efforts to halt the truly global AIDS epidemic.

Australia is pleased to align itself with the statement delivered on Wednesday by representative of Argentina (see A/70/PV.97) on behalf of many Member States, including Australia.

This week, we have taken an important step forward from the 2011 Political Declaration on HIV and AIDS, advancing our shared commitment to ending AIDS. The Declaration places a human rights approach to ending AIDS at its core. It recognizes the need to empower all women and girls, including their sexual and reproductive health and reproductive rights, and ensuring access to services for all key populations, as central to ending AIDS.

Australia would have liked this year's Political Declaration on HIV and AIDS (resolution 70/266,

annex) to have gone further, particularly on language relating to key affected populations. The 2016 Political Declaration outlines the minimum needed to end the AIDS epidemic. If we are truly to end this insidious epidemic, we need to do more. We will need to focus our attention upon key populations and implement evidence-based programmes that target those groups. We already know that this approach works — Australia's low rates of HIV transmission prove that it works.

In 2011, we all agreed to intensify our efforts to eliminate HIV and AIDS. We set 10 targets to be achieved by 2015, and together we have achieved or made significant progress towards achieving many of these targets. Australia is proud of its contribution to that effort. We have a long and consistent history of supporting the fight against HIV in our region, the Asia-Pacific region. Over the past decade, the Australian aid programme has provided over 1 billion Australian dollars to support HIV-specific programmes in our region, and we have seen some major achievements.

Since 1992, Australia has supported HIV programmes in Papua New Guinea, in line with that Government's national HIV and AIDS strategy. Last year, Australia assisted in providing HIV testing for 115,000 people, including 22,000 pregnant women. Domestically, Australia's seventh national HIV strategy explicitly recognizes key affected populations as people living with HIV, gay men and men who have sex with men, Aboriginal and Torres Strait Islander people, people from high HIV prevalence countries and their partners, travellers and mobile workers, sex workers, people who inject drugs and people in custodial settings. Transgender people are an additional important key population, as acknowledged in the Declaration.

Through our partnership approach with affected communities, Australia continues to have extremely low rates of transmission. For example, transmission among female sex workers and mother-to-child transmission are virtually non-existent. The early introduction of needle and syringe exchange programmes in the community and the efforts made by people who inject drugs to prevent transmission have kept HIV rates low in people who inject drugs. Australia is committed to the critical role of innovation and research in an effective response to HIV, including the importance of providing a vaccine and cure. Australia is a strong supporter of the international community's fight against HIV/AIDS. That is why we were proud to have hosted the twentieth International AIDS Conference in 2014.

We are pleased to see that over the past 10 years, domestic funding for AIDS has increased, accounting for 57 per cent of all AIDS funding in low- and middle-income countries in 2014. This is a critical step in integrating HIV programmes into nations' own health systems. Evidence-based, responsive public health systems are key to ending not only this epidemic, but also preventing future epidemics. However, we know that there is still a long road ahead. Globally, progress has been slower than expected in some areas, including vulnerable populations, legal frameworks, and gender equality. This is thwarting our ability to reach those most at risk of contracting HIV. We know that in our region, the Asia-Pacific, this epidemic strikes hardest at the people who are most often the victims of discrimination.

Australia supports the right of everyone to access the highest attainable standard of physical and mental health. We support universal health care and equal access to health services. For people living with HIV and those at risk, this encompasses universal access to HIV prevention, testing and treatment services without stigma or discrimination. This is vital to the success of public health services and fundamental to our human-rights approach to health. It is also the right and decent thing to do.

We must also ensure meaningful cooperation between healthcare professionals, policy makers, researchers, civil society and those affected and at risk, and we must all be held to account. We can only end this epidemic through understanding, respect and partnership — not by discrimination, stigma and criminalization. Let us now use the momentum of the 2030 Agenda for Sustainable Development (resolution 70/1) and this high-level meeting to galvanize all efforts — of Governments, international organizations, civil society and affected communities — to end AIDS by 2030.

The Acting President: I now give the floor to the representative of Sri Lanka.

Mr. Khan (Sri Lanka): First and foremost, the delegation of Sri Lanka would like to express its sincere appreciation to you, Mr. President, for chairing this high-level meeting on an issue that matters to all humanity. We would also like to express our gratitude to the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their contribution to making this high-level meeting a reality. The human immunodeficiency virus, or HIV,

and AIDS epidemic has already devastated many individuals, families, and communities.

The epidemic has left millions of children orphaned, disrupted village and community life, and increasingly contributes to the erosion of civil order and economic growth. According to the World Health Organization and UNAIDS, an estimated 36.9 million people worldwide are living with HIV/AIDS today. Although one can find solace in the fact that the spread of this epidemic is gradually weakening, it is very far from being eliminated. This meeting is therefore timely. We are also delighted to see the successful conclusion of negotiations on the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex) and its adoption last Wednesday.

At present, Sri Lanka is classified as a country with a low prevalence of HIV infection. Since 1987, a cumulative total of 2,309 cases of people with HIV were reported in Sri Lanka, through the end of 2015. However, with 235 cases being reported in Sri Lanka in 2015, we are on high alert and have enhanced our efforts to obtain more accurate information on the situation. During the first quarter of 2016, 68 new cases of HIV were reported. We believe that this caseload accounts for only a fraction of the HIV-infected people in the country. We also note with concern that the proportion of HIV transmission due to male-to-male sex is gradually increasing and accounts for the highest number of reported cases among risk groups, which also include sex workers, sex clients, and drug users.

The national HIV/AIDS control programme, which falls under the umbrella of the Ministry of Health, provides both preventive and curative services. The national strategic plan for 2013-2017 directs the national response to HIV/AIDS. The Government hospital network in Sri Lanka provides HIV testing services through blood sampling, which is a component of their outreach services, as well as antiretroviral therapy. There are 14 antiretroviral therapy centres across Sri Lanka. In addition to antiretroviral therapy, HIV cases are handled by HIV care centres, which also provide counseling, support for disclosure and partner notification and screening for non-communicable diseases, among others.

Our delegation also concurs with the statements made by previous delegations underlining the importance of prevention as well as treatment of HIV/AIDS. The countries that have achieved demonstrable success in prevention of HIV/AIDS have aggressive national intervention programmes that include such key components as behavior change communication, treatment of sexually transmitted diseases, increased access to condoms and increased access to HIV testing. Mass media, outreach, counselling and peer education have been used successfully to increase awareness and life skills among young people, persons engaging in high-risk behaviours and the public at large. Therefore, we can all learn much from these countries.

With regard to treatment, our delegation would like to underline the importance of making HIV/AIDS medicines, including generics, more affordable and of scaling up access to affordable HIV treatment. We note with concern that regulations, policies and practices, including those that limit legitimate trade in generic medicines, have seriously limited access to affordable HIV treatment in low- and middle-income countries like Sri Lanka.

In conclusion, I would like to state that Sri Lanka fully supports the 2016 Political Declaration and that it does its utmost to fight the spread of HIV/AIDS and offer whatever support it can give to eradicate the menace of HIV/AIDS from our world.

The Acting President: I now give the floor to the representative of Maldives.

Mr. Sareer (Maldives): Just last September, the international community agreed to accelerate the pace of progress made in fighting HIV/AIDS in an effort to end the epidemic by 2030. Today, we are gathered here to reaffirm our collective commitment to complete the eradication of HIV/AIDS. The Republic of Maldives applauds the international community for its steadfast dedication to this cause and fully supports the Political Declaration on HIV and AIDS (resolution 70/266, annex) entitled "On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030".

My delegation commends the Secretary-General for convening this meeting and for his report (A/70/811), which outlines the importance of the implementation of the Sustainable Development Goals in our quest to eradicate HIV/AIDS. The report also outlines the need for regional approaches in fast-tracking our response to HIV/AIDS, given the different epidemic patterns of the disease. The international community's collective efforts to address the AIDS epidemic have yielded significant results, including fewer new HIV infections

and AIDS-related deaths. Continued efforts in the areas of poverty reduction, maternal and child health and gender equality will undoubtedly enable us to go farther. Nevertheless, AIDS remains a public health and development challenge.

Under the Sustainable Development Goals adopted last year, the world has unanimously committed to ending the AIDS epidemic by 2030. Upholding this commitment requires urgent and steadfast action, as well as continued investments. The high-level meeting comes at a point at which it is crucial to advance the AIDS response in a way that also makes it possible to achieve the Sustainable Development Goals. The Government of Maldives has always attached great importance to mobilizing the national response to HIV and AIDS, which it continues to treat as a major public health concern. While HIV and AIDS in Maldives is categorized as low prevalence, research shows that there is high vulnerability and risks and that the country has a high epidemic potential.

Up until 2015, 23 cases of HIV-positive persons were reported in Maldives, 12 of whom have died of AIDS. Currently, there are nine persons living with HIV, and they are all on antiretroviral treatment. Maldives has a test-and-treat policy on treatment initiation, and the Government provides lifelong care and treatment. Although the prevalence rate of HIV/AIDS in Maldives is below 1 per cent, emerging trends have increased the locals' risk of exposure to a wide range of infectious diseases, including HIV/AIDS and other sexually transmitted infections. Moreover, injecting drug use and associated high-risk sexual behaviors remain the most likely triggers for an HIV epidemic in the Maldives. As such, Maldives supports HIV prevention strategies targeting drug users, among other key populations.

Maldives is committed to working diligently to maintain the low prevalence of HIV in the country. The national AIDS programme, which operates under the Health Protection Agency of the Ministry of Health, coordinates efforts to prevent and control HIV and AIDS. Maldives has a multisectoral national strategic plan on HIV and AIDS, effective from 2014 to 2018, with three major objectives: first, to strengthen essential services targeting key affected populations; secondly, to improve prevention efforts for the general population and special groups, including youths and migrants; and thirdly, to reduce the stigma and discrimination surrounding HIV and AIDS.

The national strategic plan also provides a framework for achieving three underlying strategic directions. These directions highlight the need to strengthen HIV prevention, care, treatment and support services, the need to improve strategic information systems for HIV programmes and research and the importance of creating an enabling environment. Despite the measures taken by the Government to prevent and control the spread of HIV and AIDS, Maldives' attempt to carry out effective and efficient targeted programmes and interventions is confronted with many constraints.

The geographical distribution of Maldives makes the implementation and delivery of those services extremely expensive, with transportation between atolls using up the bulk of funding. Following Maldives' graduation from the least developed country list, accessing such funding systems as the Global Fund to Fight AIDS, Tuberculosis and Malaria has been a challenge, as has been the case with gaining preferential access. Arbitrary classifications based on income levels unfairly disadvantage those with genuine needs. In addition, civil society partners in this field are limited, and their ability to target key affected populations is limited in turn.

We are hopeful that the renewal of our commitment at this high-level event will bring about changes by promoting inclusiveness through a differentiated approach that will allow such countries as Maldives to tap into the funding and technical expertise required to fight HIV and AIDS. My delegation looks forward to working with all Member States as we take on the fight to eliminate HIV/AIDS by 2030. We call upon all involved to support one another's efforts to deliver favorable outcomes for the noble cause.

The Acting President: I now give the floor to the representative of Canada.

Mr. Grant (Canada) (*spoke in French*): Canada joins the consensus and endorses the Political Declaration on HIV and AIDS (resolution 70/266, annex), but let us be clear — we must go further. It is Canada's intention to do so. For us, the successful implementation of the Political Declaration rests on three key elements: first, we must expedite access to HIV prevention, screening and treatment services in countries that have a high prevalence. Too many people are either unaware that they are infected or do not yet have access to treatment.

(*spoke in English*)

That is why Canada, along with many other countries, has endorsed the Joint United Nations Programme on HIV/AIDS fast-track initiative, which calls for ambitious treatment targets to be achieved by 2020. Secondly, we must prioritize the needs of key and vulnerable populations, in particular. We need comprehensive, evidence-based prevention programmes and services to reduce new HIV infections among key populations. We also need to engage them in the implementation process, especially at the local level. Young women and girls are also particularly vulnerable to HIV transmission.

In high-burden countries like South Africa and Nigeria, girls account for more than 80 percent of all new HIV infections among adolescents. This cannot go on. We need to work with all partners to reach women and girls with comprehensive sexual and reproductive health services and education, take meaningful steps to prevent and end domestic violence and abuse, and involve boys and men. It is also very important to recognize the vulnerability of indigenous populations around the world. Their needs are often unique and must be addressed.

Canada also recognizes and protects the legal rights of the lesbian, gay, bisexual, transgender and queer community to live free from discrimination, hate propaganda and hate crimes. Similarly, Canada's approach to injection drug use at home and globally includes prevention, compassionate treatment and evidence-based harm reduction approaches. In these efforts, we much ensure the active engagement and participation of civil society, local governments and their communities.

We must also innovate now and over the long-term to make treatment cheaper and more effective and to find a cure for HIV. This means investing in research and development in science and new technologies to decrease costs and increase access to treatment not just for AIDS, but also for tuberculosis and malaria, the two main causes of death for people living with AIDS. I would like to acknowledge the Bill and Melinda Gates Foundation for their extraordinary contributions in this area. The Global Fund to Fight AIDS, Tuberculosis and Malaria is another excellent example of innovation. I would like to commend the Global Fund implementing countries for investing in strengthening their health systems, improving governance and reducing the rate of disease.

I also want to recognize the Global Fund's leading private-sector contributor, RED, which has raised over $350 million for AIDS programmes in Africa from the sale of RED-branded products and services through iconic world brands like Apple, Coca-Cola and Starbucks. Canada recently announced a 20 per cent increase to its Global Fund contribution to $780 million for 2017 to 2019. We are also proud to host the Global Fund Replenishment Conference this coming September. I invite all present to support this effort and look forward to seeing many of them in Montreal for the replenishment. This will be a big year for the fight against HIV/AIDS. Canada will be there and will do our part to implement the Political Declaration and to do even more to end the HIV/AIDS epidemic for good.

The Acting President: I now give the floor to the representative of Guatemala.

Mr. Sandoval (Guatemala) (*spoke in Spanish*): I am delivering this statement on behalf of my country's Minister of Public Health and Social Assistance, Mr. José Alfonso Cabrera Escobar. I hereby convey his respectful greetings and acknowledge our participation at this gathering.

Fifteen years after we, the countries represented here, committed to fighting the HIV/AIDS epidemic, we are on the verge of making what was then a dream a reality by putting an end to this epidemic as a public health problem by 2030. In order to achieve that goal, each of our countries must redouble its efforts and actions, because we must not grow weary. Our Government attaches priority to the recognition and exercise of the human rights of persons with HIV/AIDS, key populations and diverse communities, which continue to be discriminated against by some sectors of society — a state of affairs that other representatives have also recognized as an obstacle that must be overcome. Like many other countries, we are working to eliminate the legal barriers that limit access to treatment. Based on joint efforts with civil society organizations, we have reordered actions taken to meet the targets of the 90-90-90 strategy.

We have one problem — resources are scarce. As a result, they are rationed and target key at-risk populations. However, as earlier speakers have said, this is not a task for a single Government; it is a joint effort that will require the contributions of all sectors,

as it is only by collective effort that we will achieve the ultimate goal of reaching the target of zero deaths from HIV/AIDS, zero infections and zero discrimination.

Guatemala is currently going through a special period of combating corruption and purging Government entities that had been co-opted by previous leaders, who have now been detained and duly prosecuted. This is a key moment in the country's history, because it has allowed us to get back on the course that, at one point, had also had an impact on the fight against HIV and AIDS.

We cannot conclude without acknowledging the support that the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria have provided to Guatemala, because their contributions have been and will remain central to the road that we have yet to travel as a country. Joining forces and supporting one another, we will be able to overcome all the barriers that prevent future generations from inheriting a better world, in which HIV/AIDS will be nothing more than an artefact that we succeeded in eradicating.

The Acting President: I now give the floor to the representative of Finland.

Mr. Laaksonen (Finland): It is an honour and pleasure to address this high-level meeting. This is a key moment in the global AIDS response. After more than three decades of efforts working against AIDS, we have a unique opportunity to fast-track the end of the AIDS epidemic as a public health threat by 2030 and to transform and advance global health, in line with the 2030 Agenda for Sustainable Development (resolution 70/1). Ensuring the success of the Sustainable Development Goals, including ending AIDS, requires universal responsibility and a coherent approach to make sure that no one is left behind. In order to do so, our focus must remain strong.

Finland fully endorses a human rights-based and gender-responsive approach, taking into account the needs and rights of the people most affected by the epidemic and at a higher risk of infection. We need an inclusive response that is strongly committed to the full realization of all human rights and fundamental freedoms, dignity and social justice. Addressing the epidemic among young women and adolescent girls, children, young men, migrants and key populations, including men who have sex with men, people who inject drugs, sex workers, transgender people and prisoners, is an essential element in the global response. By ensuring equal access to high-quality combination prevention, testing and treatment, free from discrimination and stigma, we can take an enormous step closer to ending the epidemic. In addition to being rights-based, this approach is cost-effective and has been proven to work.

If the people most affected and most discriminated against are left behind, we run the risk of jeopardizing the effort to end the AIDS epidemic by 2030. In particular, adolescent girls and young women are currently being left behind and denied their full rights. Therefore, it is fundamental to reaffirm the need for greater attention, commitment and action to ensure that all women and girls have the rights and knowledge needed to make decisions concerning their own body, sexuality and reproductive health. Such empowerment is crucial in order for all women and girls to be able to lead healthy lives and participate actively in society. We must invest in gender-transformative HIV programmes that also engage boys and men. Doing so is particularly important when working with issues relating to sexual and reproductive health and rights.

Another element of effective prevention is quality comprehensive sexuality education, which empowers young people by providing the information and tools they need to make safe, healthy and educated decisions about their sexual and reproductive lives. Comprehensive sexuality education is also important in advancing tolerance, mutual respect and non-violence in relationships. Universal health coverage can be effectively provided only by a resilient health system. Our experience is that access to comprehensive HIV and AIDS services incorporating prevention, treatment, care and support for all promote a sustainable HIV response and a strong national health system.

Going forward, greater investment in advocacy, civil society and community-based services is essential for fast-tracking the HIV response. We must also look closely at the interlinkages between different sectors and work through partnerships that embrace relevant stakeholders. In a world of diverse and interlinked challenges, we need to share responsibility and together contribute to ending AIDS by 2030.

The Acting President: I call on the observer of the Observer State of the Holy See.

Monsignor Auza (Holy See): After years of shocking narratives on the loss of health and life among men, women and children living with HIV, my

delegation is pleased with the progress detailed in the Secretary-General's report (A/70/811) entitled "On the fast track to ending the AIDS epidemic". It is indeed heartening to set strategic goals and benchmarks with a view to ending this disease and to do so within the more comprehensive framework of the 2030 Agenda for Sustainable Development (resolution 70/1). However, my delegation urges the international community to pay equal attention to the cautionary note raised in the report, namely, that AIDS is far from over despite remarkable progress and that if we accept the status quo unchanged, the epidemic will rebound in several low- and middle-income countries.

In that regard, Catholic-inspired organizations often report the persistent obstacles posed by the lack of access to early diagnosis and treatment; by the lack of appropriate, affordable, and accessible child-friendly formulations and dosages of medications for paediatric use; by changes in funding priorities imposed by donor Governments and agencies, resulting in disruptions of services for those who do not live in the so-called HIV hotspots; by frequent stock-outs of medicines and diagnostic equipment and supplies; and by interruptions of treatment, especially of women and young people who are subjected to stigma, discrimination and physical and emotional abuse as a result of their HIV status.

While global goals and targets will essentially be moving forward, they must be anchored in reality, integrating the very real concerns that respective countries have in considering the holistic well-being of their people. Discrimination and stigmatization can never be an excuse to exclude or leave anyone behind. Every effort must be made to distinguish between policies that discriminate and stigmatize and those that are put in place to discourage risk-taking behaviours and encourage responsible and healthy relationships, especially among the youth.

While access to prevention, treatment and health care services must be guaranteed to all, they will never be enough by themselves to end HIV transmission and AIDS. We must continue to address the root causes and promote healthy lifestyles. The obstacles to eradicating the spread of HIV/AIDS give ample evidence of the fact that in different parts of the world, especially in many regions of Africa, health care is still a privilege of the few who can afford it. As Pope Francis has said, access to health care, treatment and medicine remains a dream for too many. Health-related issues, such as HIV/AIDS and related infections, require urgent political attention, above and beyond all other commercial or political interests.

Presently, as many as 50 per cent of HIV-positive children die before their second birthday because they do not have access to the necessary diagnosis, treatment and medication. In fact, the majority of HIV-positive children are not diagnosed until they are four years of age. Taking up those concerns, the Holy See recently convened two meetings in the Vatican with the executive-level leaders of companies that manufacture pharmaceuticals and diagnostic equipment, in order to plan a more timely and appropriate response to children living with HIV and tuberculosis.

These business leaders, together with representatives of specialized multilateral organizations, Governments, religious and other non-governmental organizations, agreed that providing affordable, appropriate and accessible HIV medicines and diagnostic tools for paediatric use everywhere is an urgent global goal, thus committing themselves to overcoming the obstacles and accelerating access to diagnosis, treatment and medication for children living with HIV/AIDS. The Holy See and all the institutions of the Catholic Church are more motivated than ever to consider the plight of children living with HIV. Together, let us muster the will, continue to sharpen the technical expertise already available and find the resources necessary to provide access to diagnosis, care and treatment, not only for a privileged few, but for all.

The Acting President: In accordance with resolution 49/2 of 19 October 1994, I call on the observer of the International Federation of Red Cross and Red Crescent Societies.

Mr. Senghore (International Federation of Red Cross and Red Crescent Societies): As we gather this week with the common goal of addressing the HIV/AIDS agenda and the 2030 Agenda for Sustainable Development (resolution 70/1) has been adopted, it is hard not to look back on the past decades and think about the devastation that HIV/AIDS has wrought upon the people who have contracted the virus, as well as the on children who have lost their parents, the spouses and families who have cared for them and all those who have lost their families as well.

Yet we should also acknowledge that the fight against HIV/AIDS gave birth to a global solidarity movement without which we would not have come this far. None of this was easy — and the creation of that movement was

not always smooth — but none of the successes could have been achieved without the understanding that this disease affected us all. Without the concerted efforts of all involved, we would not be here today. On behalf of the International Federation, I am glad to commend Member States for adopting the Political Declaration on HIV and AIDS (resolution 70/266, annex), which will move us forward to implementing the 2030 Agenda. Nonetheless, these successes require concerted efforts, not only from Governments but also from such institutions as civil society, non-governmental and international organizations.

As we pointed out as early as 2011, our efforts in reaching out to key populations are still much too limited, and stigma, discrimination and violations of human rights are still rampant in far too many places. Concrete commitments are needed to remove all barriers to access to comprehensive HIV/AIDS services for each key population group. In order to reduce transmission of HIV among people who inject drugs, we need human, evidence-based harm reduction policies and a recognition that much more must be done to reduce stigma and discrimination against them.

In developing countries, concerted efforts must be directed towards the strengthening of community health systems, particularly in rural settings and remote areas, where the health system and other basic infrastructure are scarce or non-existent. In so doing, we will also build far more resilient communities, not just for addressing HIV and other health risks, but for providing responses to all other shocks and stresses.

And for those who are caught in the middle of emergencies, we really need to look at how HIV/AIDS programming can reach them. As the Assembly knows, 1 out of every 19 persons living with HIV/AIDS comes from disaster contexts. We must do a much better job of ensuring that these people are not victimized, either by becoming infected, through human trafficking or gender- and sexual-based violence, or through the lack of access to life-saving drugs.

The International Federation of Red Cross and Red Crescent Societies, acting through its 190 national societies and 17 million volunteers, has been mobilized in support of Government and community efforts to address this epidemic and will continue to be so as we cover the last mile. On an annual basis, our HIV programmes empower 20 million people throughout the world, including 16 million through information, education and communication programmes, 3 million among the most at-risk populations, which in turn includes 20,000 drug users and 100,000 persons living with HIV/AIDS. Every year, we also train and engage 100,000 volunteers to reach out to their communities through prevention, care and support. And wherever they go, they will take that knowledge and commitment with them.

As we look ahead to the next 10 years, our volunteers and national societies will stay the course. But most importantly, they will be part of a great global solidarity movement that is striving to end AIDS by 2030.

The Acting President: In accordance with resolution 57/32, of 19 November 2002, I give the floor to the observer for the Inter-Parliamentary Union.

Ms. Torsney (Inter-Parliamentary Union): Parliaments and parliamentarians have very important responsibilities in reaching the 90-90-90 goals and ending AIDS by 2030. As legislators, overseers of Government action and opinion leaders, members of parliament are well placed to help strengthen prevention measures and expand access to HIV treatment.

Earlier this week, the Inter-Parliamentary Union (IPU) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) organized a side event for parliamentarians attending this high-level meeting. Members of parliament from five continents identified key actions for parliaments to fast-track and end AIDS. National engagement is key. Parliamentarians must understand the epidemic and who are their most vulnerable groups to ensure effective parliamentary action. As representatives of the people, parliamentarians are the critical link between national strategies, communities and individuals from different walks of life. Parliamentarians' primary objective should be to make a difference in the lives of their constituents and particularly those affected by HIV.

In our meeting, many parliamentary colleagues shared examples of bold action they had taken to address the needs of vulnerable populations through legislation and programming. They noted with regret, however, that 35 years into the AIDS epidemic, subjective impressions still prevail over facts and evidence, hindering progress with less effective programmes and limited action. In too many places, stigma and legal discrimination persist as an immense barrier to voluntary testing and treatment. As opinion leaders, parliamentarians can

play a key role enlightening people, fighting HIV-related stigma and discrimination at the national level and within their local constituencies. Members of parliament can be national role models.

Several participating parliamentarians expressed concern at the overreliance on donor funding for the AIDS response, which is fast depleting in countries graduating to middle-income levels. They recommended that the political commitment to ending AIDS be translated to stronger domestic financing of programmes. They called for capacity-building and support to parliaments to ensure a sustainable, well-funded AIDS response.

The 2030 Agenda for Sustainable Development acknowledges the

> "essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of [Government] commitments" (*resolution 70/1, para. 45*).

Goal 16 explicitly emphasizes the importance of effective institutions, including parliaments, in implementing all the Sustainable Development Goals through coherent policies that capture and build on synergies. This is the main entry point for the IPU and national parliaments to engage with this new development framework.

At this high-level meeting, the General Assembly has adopted a Political Declaration on HIV and AIDS (resolution 70/266, annex) that sets a bold new vision of a world free of AIDS. The IPU and its members are particularly pleased to see strong references to rights and inequalities throughout the document as well as the importance of effective laws and policies. The world will not meet these noble goals unless parliamentarians and parliaments are engaged. The Declaration recognizes the strong role the IPU has played in the AIDS response and we look forward to providing continued contribution.

Parliamentarians effectively engaged in the AIDS response, can and do provide critical leadership in realizing a new vision for health that leaves no one behind. Members of parliament attending the high-level meeting urged the IPU and the Joint United Nations Programme on HIV/AIDS to work with parliamentarians everywhere to implement the commitments of the 2016 Political Declaration, and they pledged to continue providing peer to peer support for their colleagues in other parliaments. The IPU and UNAIDS have developed tools and handbooks to support parliamentarians engaged in this work. The IPU stands ready to continue the fight to end AIDS.

The Acting President: In accordance with resolution 477 (V), of 1 November 1950, I give the floor to the observer of the League of Arab States.

Mr. Fathalla (League of Arab States) (*spoke in Arabic*): Allow me at the outset to express to the General Assembly our thanks and appreciation for convening this high-level meeting on HIV/AIDS. We also thank the Secretariat for inviting the League of Arab States to participate in this important meeting.

In March 2014, the Council of Arab Health Ministers unanimously adopted a Arab strategy in order to respond to HIV/AIDS for the period from 2014 to 2020, with a view to bringing forth in the Arab States a generation free of AIDS. The strategy was adopted after two years of constant work and consultation with all States members of the Arab League, and with the much-appreciated technical support of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and specialized United Nations agencies, as well as support from civil society.

The 10 goals in the strategy are as follows: first, reducing the rate of infection by transmission through sex by 50 per cent by 2020; second, reducing the rate of infection as the result of intravenous drug use by more than 50 per cent by 2020; third, eradicating HIV/AIDS among children and reducing maternal mortality rates; fourth, accelerating efforts made to implement antiretroviral therapy consistent with the new guidelines set by the World Health Organization and working to enable more than 80 per cent of those who qualify for full treatment in the Arab States to receive it; fifth, reducing by more than 50 per cent by 2020 the mortality rate of those living with HIV who die as a result of tuberculosis; sixth, providing special resources to respond to AIDS and increasing national spending on AIDS by more than 80 per cent by 2020 in all Arab countries; seventh, achieving gender equality in terms of access to services, eliminating gender-based violence and empowering women and girls to protect themselves from HIV/AIDS infection; eighth, fighting stigmatization and discrimination of those living with HIV/AIDS and others who are affected by the disease by enacting, revising and modernizing laws and policies that would ensure the full implementation

of all human rights and fundamental freedoms; ninth, providing prevention, treatment, support and care for key populations, including mobile populations, by focusing on displaced persons, refugees and migrant workers; and tenth, strengthening and mainstreaming the AIDS response in all health and development and social protection efforts.

The Arab strategy to fight AIDS is a timely measure that will create great opportunities as we mobilize new technologies, knowledge, methods and synergies designed to achieve zero new infections, zero discrimination and zero mortality in relation to AIDS. The strategy takes into consideration the diversity of the countries and the patterns and other features of the epidemic, including the epidemiological, social, political and legal aspects, as we jointly seek to find approaches that could be adapted to the Arab context while ensuring the implementation of the full rights of those living with the disease and other key populations. This is being done by providing protection, treatment, care and support for all infected people, while emphasizing the multisectoral approach involving health, education, work, finance, youth, mass media and civil society. The strategy also seeks to expand and encourage the programmes and activities that contribute to mainstreaming AIDS services in development and health programmes.

The Arab States have shown strong political will by accepting regional and global commitments, and, in the past few years, we have undertaken a number of strategic regional initiatives. First, Arab Parliaments agreed to an Arab Treaty on the Rights of People Living with HIV/AIDS in order to protect society by respecting human rights and fundamental freedoms and permitting people to live in dignity. Secondly, the regional initiative designed to eradicate new infections in children and to support women's right to living healthy lives, which was launched in October 2012 by the World Health Organization, UNICEF, the United Nations Population Fund and UNAIDS, is yet another concrete step towards achieving zero new infections in children. Thirdly, the initiative to accelerate treatment in the East Mediterranean region, which was developed by the World Health Organization and UNAIDS, was adopted by the Regional Committee of the World Health Organization in October 2013 in the Sultanate of Oman in order to expand coverage and ensure universal access to treatment and testing services in the region.

The Council of Arab Health Ministers has adopted specific recommendations from Member States for implementing and following up on the Arab strategy for fighting AIDS. First, national policies, strategies and plans in the fight against HIV/AIDS are to be reviewed and modernized to ensure that they are aligned with the Arab strategy to fight AIDS and that they include different options and guarantee respect for human rights. Secondly, the political commitment to ensuring universal access to prevention, treatment, support and care services for people living with HIV/AIDS is to be strengthened. Thirdly, increased human and financial resources are to be allocated, with a view to ensuring the implementation of national priorities consistent with national and regional strategies. Fourthly, legal, administrative and other effective measures are to be developed to help strengthen the AIDS response. Fifthly, interventions to prevent exposure to HIV/AIDS are to be strengthened. Sixthly and lastly, the systems for collecting and analysing information on the spread of HIV/AIDS are to be bolstered and their progress monitored.

In conclusion, I would like to refer to the ministerial decision taken by the League of Arab States Ministers of Health in March 2016 urging all Arab countries to intensify and streamline their efforts to end AIDS by 2030. I would like to express our appreciation for the leadership and technical support that has been provided by UNAIDS in support of the Arab strategy to fight AIDS. We all look forward to the end of AIDS by 2030 within the context of the 2030 Agenda for Sustainable Development (resolution 70/1).

The Acting President: In accordance with resolution 57/29, of 19 November 2002, I now give the floor to the Observer for Partners in Population and Development.

Mr. Alam (Partners in Population and Development): Partners in Population and Development (PPD), an intergovernmental alliance of 26 member countries, congratulates the General Assembly for adopting the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex). The Declaration is a commitment to end the AIDS epidemic by 2030 and contribute to the achievement of Sustainable Development Goals. PPD joins member countries in their pledge to intensify efforts towards the goal of comprehensive prevention, treatment, care and support programmes that will help to significantly

reduce new infections, increase life expectancy and quality of life. It will also strive for the fulfilment of human rights and dignity of all people vulnerable to and made vulnerable by HIV and AIDS.

From all evidence, HIV/AIDS continues to pose a global emergency while being a serious threat to the development, progress and stability of communities and societies across the world. It requires an exceptional, coordinated and comprehensive global response that recognizes that the spread of HIV is often a cause and consequence of poverty and inequality. An effective HIV/AIDS response therefore becomes an inseparable component of the strategy aimed at the achievement of the 2030 Agenda for Sustainable Development (resolution 70/1).

Our past experience makes a compelling case for adopting a holistic and more integrated systemic approach to ensuring access to quality people-centred health care. That is embedded in the promotion of the right to the highest attainable standards of physical and mental health and well-being and universal access to sexual and reproductive health, and other reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action.

PPD is a partner of the Secretary-General's new Global Strategy for Women's, Children's and Adolescents' Health, which continues to galvanize global efforts to significantly reduce the number of maternal, adolescent, newborn and under-5 child deaths. In support of the Global Strategy and to secure the commitment of member countries, PPD hosted an international interministerial conference in Dhaka in November 2015, entitled "Every Woman, Every Child, Every Adolescent: A South-to-South Perspective on Survive, Thrive and Transform".

PPD notes with deep concern the unacceptably low rates of testing and treatment coverage among children in developing countries, including the lack of technical support in the elimination of mother-to-child transmission of HIV. An equally grave concern is that AIDS-related deaths are the second leading cause of death in adolescents globally. Grave concern also exists globally given that women and girls are still the most affected by the epidemic and that their ability to protect themselves from HIV continues to be compromised.

PPD reiterates that official development assistance (ODA) support will continue to remain crucial in the fight against AIDS and urges that ODA providers reaffirm their respective ODA commitments to achieving the target of 0.7 per cent of gross national income. We also underscore the importance of enhanced international cooperation, particularly South-South cooperation, to support Member States in achieving the target of ending the AIDS epidemic by 2030.

Beyond its many benefits, South-South cooperation is now fostering a spirit of solidarity among peoples and countries of the South, based on their shared experiences and objectives and guided by the principles of respect for national sovereignty, non-conditionality and mutual benefit. It is important to restate that South-South cooperation is a complement, not a substitute, to North-South cooperation. South-South cooperation is now a natural element of international cooperation, and its potential for contributing to fighting HIV and AIDS needs to be optimally harnessed.

As part of its commitment to promote South-South cooperation in the HIV/AIDS response, Partners in Population and Development, along with the Government of Bangladesh co-hosted the twelfth International Congress on AIDS in Asia and the Pacific. The outcome document, known as the Dhaka Declaration, is fully consistent with the Political Declaration adopted at this session. The Declaration calls upon national Governments to, first, scale up, accelerate and universalize antiretroviral treatment coverage and improve access to treatment for those in need; secondly, improve access to HIV medicines, treatment services and commodities delivery to people living with HIV/AIDS; thirdly, request the Joint United Nations Programme on HIV and AIDS to continue to support South-South cooperation for the HIV/AIDS response.

The Acting President: In accordance with paragraph 11 of resolution 70/228, I now give the floor to Ms. Rita Wahab, from MENA-Rosa in Lebanon.

Ms. Wahab (MENA-Rosa): As a Lebanese, allow me first to introduce my speech with a quote from our famous philosopher, Kahlil Gibran, who spent many years in New York:

> "Beauty is eternity gazing at itself in a mirror. But you are eternity and you are the mirror."

I come from the Middle East and North Africa (MENA) region, and I am among the activists and people of the region living with HIV. MENA is a

region that is for the first time featured at the high-level meeting of the United Nations. We are proud to consider as an achievement that MENA has been brought this far and that the United Nations has called upon our States for accountability — to hold authorities accountable for making care and treatment available for all. We sure have come a long way, and here we are witnessing the first milestone in our successful journey towards defeating AIDS and openly referring to key populations.

As we all know, the right to health is a fundamental human right, which includes access to affordable, timely and quality health care services. The MENA region is the region with the least antiretroviral therapy coverage — only 17 per cent of people living with HIV are receiving treatment. Stigma and discrimination, gender inequality, punitive laws and legal barriers, along with certain cultural and social practices in MENA, are preventing women, adolescents and key populations, namely, men who have sex with men, transgenderer people, people living with HIV, injecting drug user, sex workers, prisoners, refugees and migrants and so forth, from seeking comprehensive and sustainable services and enjoying their rights. Those barriers and practices put key populations at great risk and lead to human rights violations.

Discrimination against women living with HIV, and particularly women from key populations, continues to be pervasive and to influence health behaviours, care-seeking, adherence to treatment and health outcomes. Stigma and prejudice represent leading obstacles to the enjoyment of sexual and reproductive health by women living with HIV in all their diversity.

The humanitarian crisis in MENA, at a time when we are witnessing the largest movement of refugees since the Second World War, is a core challenge that is increasing the vulnerability of women and key populations to HIV. We have rape, early marriage, trafficking, gender-based violence, prostitution, poverty, unemployment and so forth. Almost one third of the population of my own country, Lebanon, is made up of refugees from Syria and Iraq. More attention should be granted to host communities. We tend to neglect this issue. Unfortunately, political awareness and engagement are not always in our favour, which is clearly shown by the lack of services and domestic funding. In addition, MENA is not on donors' agenda.

However, in the midst of all that, there is a light we need to focus upon. The ministerial resolution endorsed by the Council of Arab Ministers of Health in Cairo in 2016 was developed in consultation with civil society organizations and people living with HIV. The acknowledgement by the League of Arab States concerning the role of civil society organizations as a major partner in implementing the Arab AIDS strategy was noteworthy.

Our presence is growing, as representatives can see. We are now more activists putting our heads together. We recently witnessed the emergence of thematic key populations networks thanks to the persistence of our activists and the supporting role of regional civil society organizations. To name just a few, we have MENA-Rosa as a voice for women living with HIV. We have the Middle East and North Africa Network of/for People who use Drugs for harm reduction. We have a forum for young people living with HIV in Y+. And we have the M-Coalition, a MENA coalition advocating for rights for men who have sex with men. Those networks have been supported by regional networks, such as Menara and Drana, and also by the support of the Regional Support Team for MENA of the Joint United Nations Programme on HIV/AIDS. We are now all aware that the concepts of greater involvement of people living with HIV/AIDS and meaningful involvement of people living with HIV and informed decision-making have started to become prevalent in the area.

The MENA requirements and needs include accessibility to friendly non-discriminatory sexual and reproductive services for key populations, women and adolescents; ensuring the confidentiality of beneficiaries with potential impacts on HIV prevention, access and the availability of quality comprehensive packages of care and treatment; safeguarding the dignity of people living with HIV; including healthy ageing in HIV and mental health programmes to ensure that women who struggle with mental health challenges receive the appropriate medication and support; and promoting a policy, legal and social environment to create safe environments for people living with HIV and key populations.

The President took the Chair.

Our key messages are that we must keep an ambitious agenda if we are to fast-track the response. We must push for more financing and resource mobilization, especially for programmes aimed at key populations in

our region. We must advocate for regional solidarity, including when it comes to humanitarian crises. We stress that health is a human right and the importance of integration within the Sustainable Development Goals agenda with an emphasis on gender equality and healthy youth. We must increase investment in innovative prevention programmes for young people, including comprehensive sexuality education. We call on the countries of our region to maintain their commitments to implement this strategy, which includes a human rights perspective.

I would like to conclude with this sentence: Since we are considered to be key populations, my humble suggestion is to use these keys to open the doors widely towards a new generation free from HIV and AIDS.

The President: In accordance with paragraph 11 of resolution 70/228, I now give the floor to Mr. Midnight Poonkasetwattana, Executive Director of the Asia-Pacific Coalition on Male Sexual Health.

Mr. Poonkasetwattana (Asia-Pacific Coalition on Male Sexual Health): What can I add from my corner of the world to this high-level meeting? I am Midnight Poonkasetwattana, Executive Director of the Asia-Pacific Coalition on Male Sexual Health (APCOM). My coalition works in the Asia-Pacific region, where a little over 60 per cent of the world's population lives.

If we want to fast-track the achievement of the 90-90-90 treatment targets by 2020, the time is now for urgent and increased investments in innovative regional and national approaches and programmes for, and led by, key populations in order to break down structural barriers that affect them and make them vulnerable to HIV, especially young gay men, men who have sex with men, and transgender people in our region.

That is my statement. I can hear many people thinking that this is nothing new and that they are all aware of the situation and what needs to happen to end HIV in our lifetime. Wonderful — but then my question is, Why do I and other key populations in this Hall have to repeat ourselves at every high-level meeting and other regional meetings to make the same plea?

As a proud gay man and member of the lesbian, gay, bisexual, transgender and intersex community, I echo the disappointment of civil society in the Asia-Pacific and other regions around the world with the 2016 Political Declaration (resolution 70/266, annex), which in our opinion, is not as strong as the 2011 Political Declaration. We are disappointed that the language with regard to key populations is not stronger in the Declaration, as it repeatedly omits, excludes and misrepresents the key populations of gay men and other men who have sex with men, sex workers, people who use drugs and transgender people as key populations affected by HIV worldwide. Not mentioning the most affected communities is to turn a blind eye to the realities in the world — and the reality of HIV/AIDS. By excluding those very people from the HIV response here in the Hall, the key populations programming is weakened.

The criminalization of and discrimination and stigmatization against gay men and other men who have sex with men increases vulnerability and creates barriers to accessing much-needed health services.

The Asia-Pacific region has more than 60 per cent of the world's population. It has the largest HIV epidemic outside of sub-Saharan Africa, and it is barely mentioned in the Declaration.

Asia has been experiencing a rapidly escalating epidemic among gay men and other men who have sex with men, and by 2020 is predicted to be home to nearly 50 per cent of new cases of HIV transmission, in particular among younger age groups. That was forecast in 2008 by the Commission on AIDS in Asia, and yet we see little political commitment. Let me give the Assembly some examples.

The prevalence among men who have sex with men is more than 5 per cent in countries like China, Indonesia, Malaysia, Myanmar, Thailand and Viet Nam. The prevalence rate is higher in cities, at 15 to 31 per cent in urban centres like Bangkok, Hanoi and Jakarta. Only about half of the men who have sex with men get tested for HIV. Access to condoms for low-income men who have sex with men is just 31 per cent, and just less than 50 per cent for high-income men who have sex with men. Ninety per cent of men who have sex with men in the Asia-Pacific region do not have access to HIV prevention and care because of discriminatory laws. Eighteen out of 38 countries in our region criminalize same-sex sexual behaviour. Spending on HIV prevention for men who have sex with in the region is less than 7 per cent of the total HIV budget. Moreover, at the global level, transgender women are 50 per cent more vulnerable to HIV.

Drastic financial assistance cuts represent another worrying trend in our region, as countries transition

out of international assistance. Even United Nations institutions that used to support APCOM have not been able to commit financial support for us this year. The trend does not look good and hurts the very people whom we are trying to help.

The fifth replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria is under way in a challenging environment to regain commitments from donor Governments, and transitioning countries are experiencing grave difficulties with domestic financing. The required and desired funding transition comes too quickly, too abruptly and without proper planning — and in fact is destroying the carefully built-up investments in HIV infrastructure and the gains in combatting the epidemic. Also, domestic financing comes with the threat that Governments will overlook and underresource responses for community system strengthening, key populations, policy advocacy and prevention services, which are currently mostly funded through international sources.

As we leave here today with the newly adopted 2016 Declaration, I hope that we can all utilize other opportunities to undertake more progressive action and commitments on the ground to ensure equitable access to quality and non-discriminatory prevention, treatment and care and support services led by, and for, key populations. I specifically hope that we can commit to naming key populations and young key populations, including gay men and other men who sex with men, sex workers, transgender people and injecting drug users; commit to a road map towards removing policies on HIV-related travel restrictions and deportation, and the criminalization of key populations and the lesbian, gay, bisexual, transgender and intersex community; commit to removing age restrictions and parental and marital consent requirements for adolescents and young people; commit to ensuring universal access to comprehensive harm reduction, sexual and reproductive health and rights, HIV information services and comprehensive sexuality education for all; commit to strengthening language on commitments to sustainable funding for civil society and meaningful community engagement; commit to optimizing the use of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights, specifically geared towards promoting access to, and trade in, medicines; commit to using innovation and to bringing new technology to bridge and link prevention to treatment and care and support services, in particular on the use of pre-exposure prophylaxes for men who have sex with men, community-based and -led HIV testing and HIV self-testing, for example, and commit to using social media and online technology for service delivery.

Last but not least, I request that Member States explore, develop and maintain effective partnerships led by key populations and serving community organizations. I believe that there should be strong commitments from Member States to engaging with communities as partners, leaders and beneficiaries, including the allocation of resources for community organizations and support for the role of community-led organizations in addition to service delivery — for example, in areas of policy and advocacy engagement, quality assurance and community mobilization.

We are, after all, Member States' assets and citizens — and we are here with them, and that shows our strong commitment to ending AIDS.

The President: In accordance with paragraph 11 of resolution 70/228, I now give the floor to Mr. Kieran Daly, Deputy Director of Global Policy and Advocacy of Bill and Melinda Gates Foundation.

Mr. Daly (Bill and Melinda Gates Foundation): We need to revolutionize the AIDS response in order to build on the recent gains in a way in which we can work in partnership within different sectors. Over the past 35 years, we have made tremendous advances in HIV that redefine what is possible in global health. The impressive progress that many have noted this week is testament to the commitment and hard work of so many people in this Hall and across the world.

When this deadly disease first emerged, it was impossible to imagine that today many people living with HIV would be able to lead such healthy, long lives or that we would have such novel ways to protect against infection. But it is clear that we are at a pivotal point. We cannot simply keep doing what has worked so far. To accelerate progress in new ways, we need to become better and become even faster and smarter in the way in which we do it. To get there, we first must overcome big challenges.

Significant gaps remain in our ability to comprehensively address the HIV/AIDS epidemic. First, for prevention, if we do not dramatically and urgently address the plateauing rate of decline in new infections, we risk erasing recent gains. Despite breakthroughs, such as the initial scale-up of voluntary

medical male circumcision and the introduction of oral pre-exposure prophylaxis in several countries, we are not applying sufficient resources to fully deploy these tools, including condoms, in the places where they will have the highest impact.

Secondly, for treatment, we have seen a tremendous increase in access to life-saving treatment and its prevention impact. And yet too few people are able to maintain treatment regimens to entirely suppress the virus. To continue to improve treatment outcomes for as many people as possible, it will be essential to tailor health-care delivery to the diverse needs of the people living with HIV, from self-testing to simplified care approaches.

Thirdly, for prevention, many people at the highest risk do not have access to tools and services that meet their unique needs, as representatives have just heard from the two previous speakers. Young women in sub-Saharan Africa in particular lack HIV-prevention options that can protect them and fit with the realities of their daily lives. Understanding and addressing the significant social and structural factors and barriers to accessing services by young women, sex workers, men who have sex with men, transgender people and people who use drugs is essential. This response has to be driven by access to, and the use of, better data that really directly addresses each of their unique circumstances and delivers what they and the data tells us works.

When Melinda Gates was here at the General Assembly in September 2015, she spoke about the importance of investing in the health of women and girls and emphasized that important point about data and measuring progress. The message here is that it is not just about collecting data, but the use of better data to inform smarter policy programming and accountability.

Moving forward, we need to continue to expand access to life-saving tools and services, but do it faster, smarter and, in some cases, differently. Beyond existing tools being used more effectively, therefore, we need dedicated investment now into new game-changing HIV-prevention tools. Ultimately, we need long-acting options that harness the power of the immune system, such as a vaccine or long-acting antibodies, and that needs to be factored into the cost of the epidemic.

Lastly, while we have seen and heard about impressive increases in many countries' commitment of funding to their own epidemics, this needs to be much more widespread. Along with that, the Global Fund to Fight AIDS, Tuberculosis and Malaria needs to be fully funded to the $13 billion that it is requesting, and the leadership of the United States President's Emergency Plan for AIDS Relief must be continued. That, along with country investments, can help to ensure that the world continues to unite, as the private sector and the public sector, with communities towards achieving an AIDS-free world.

The President: We will now hear brief presentations by one of the co-Chairs of each of the five panel discussions of the high-level meeting.

I first give the floor to the co-Chair of Panel Discussion 1, His Excellency Mr. Ratu Epeli Nailatikau.

Mr. Nailatikau (Fiji): It is my great pleasure to present the co-Chairs' summary of Panel Discussion 1, on the theme "AIDS within the Sustainable Development Goals: leveraging the end of AIDS for social transformation and sustainable development", which was held on 8 June from 11 a.m. to 1 p.m. I had the honour to co-chair the Panel with His Excellency Mr. Kwesi Amissah-Arthur, Vice-President of Ghana. The key messages emerging from this thematic Panel were as follows.

First, this high-level meeting demonstrates that the international community is committed to and serious about implementing the Sustainable Development Goals (SDGs), especially ending the AIDS epidemic by 2030. The Political Declaration (resolution 70/266, annex) we adopted commits us to a road map and ambitious targets for 2020, while highlighting that ending AIDS will both contribute to, and benefit from, progress across the 2030 Agenda for Sustainable Development (resolution 70/1). The strategy of the Joint United Nations Programme on HIV/AIDS for the period 2016-2021 was cited as an instrument to support countries in achieving the targets. It is now up to us to demonstrate the political will required to achieve them, underpinned by a commitment to action on human rights, equality, dignity and justice.

Secondly, fulfilling the SDG commitments to leaving no one behind demands removing barriers to the full realization of the rights of people living with, affected by and at risk of HIV, including entrenched structures of economic, social and legal exclusion, as well as marginalization, which includes criminal laws, harmful gender norms and discriminatory practices. There was discussion about how political considerations

at times prevented moving forward with evidence-based responses to HIV, such as access to comprehensive sexuality education and the decriminalization of sex work.

Thirdly, the Panel discussed how the AIDS response had paved the way for legal reforms and creating enabling environments. During the discussion, the Russian Federation, one of the 35 countries that still have HIV-related restrictions on the entry, stay and residence of foreign citizens living with HIV, informed the Panel about the lifting of some of those restrictions and about its commitment to continue efforts to lift the remaining restrictions in the nearest future.

Fourthly, the AIDS response has taught us that multisector and multi-stakeholder action works. It has demonstrated how health and development gains can be achieved only by working with a range of partners from public, private and civil society spheres to tackle social, economic and gender inequalities using rights-based approaches. Strong intersectoral collaboration can help address barriers that block access to services and that enhance social protection. The private sector has an important role to play in delivering goods and services, aside from supporting the AIDS response with innovation, technology and financing modalities.

Fifthly, fast-rack targets focus on reaching specific populations and locations where HIV investment will have the greatest impact. In practice, that requires overcoming barriers that some populations, in particular key populations, are facing to access social services and protect themselves from HIV. While the AIDS response is about people, we clearly need strong data and comprehensive strategic information. Such data must be disaggregated and democratized to help communities effectively play their role as agents of change. Meaningful participation by affected communities in all aspects of the AIDS response, including monitoring and accountability, is critical to ensuring that it is relevant, evidence-informed, cost-effective and rights-based.

Sixthly, the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex) sets out a road map of commitments to achieve the SDG target of ending the AIDS epidemic by 2030. Civil society has a critical role to play in reaching the SDG targets and the commitments of the Political Declaration through community service-delivery and citizen-led accountability. That role can be fulfilled only with adequate funding and the fusion of community responses in national AIDS plans, as well as full community engagement in the political processes.

The Panel concluded by recognizing the urgency of, and the tremendous opportunity offered by, fast-tracking the response in order to reach the ambitious vision set out in the 2030 Agenda of an inclusive world with social justice for all.

The President: I now give the floor to the co-Chair of Panel Discussion 2, First Lady of Panama Lorena Castillo de Varela.

Ms. Castillo de Varela (Panama): It is my great pleasure to present the co-Chairs' summary of Panel Discussion 2, on the theme "Financing the end of AIDS: the window of opportunity", which was held on 9 June from 3 to 6 p.m. I had the honour to co-chair the Panel with His Excellency Mr. Roch Marc Christian Kaboré, President of Burkina Faso. The key messages emerging from the Panel were as follows.

The global commitment to ending AIDS as a public health threat by 2030 cannot be met without increased funding, more efficiency and improved programme effectiveness. Greater investment in the AIDS response needs to be front-loaded in the next five years to reach $26.2 billion by 2020 in low- and middle-income countries. Governments and development partners must increase their investments to close the nearly $7 billion gap between the resources available in 2014 for HIV and the 2020 peak to avoid a looming funding crisis. This additional investment will allow the world to meet the 2020 interim targets on the road to ending the AIDS epidemic as a global public health threat by 2030.

The AIDS response must invest existing and new funding wisely by rapidly scaling up treatment and prevention services with more efficient and effective programmes and services. It is not only where the money comes from that is important, but also where it is being spent.

The Panel discussed the rational use of existing resources and placed emphasis on how development partners and low- and middle-income countries can front-load resources to reach the ultimate goal, including innovative financing mechanisms. Countries that can pay should do so in order for the international community to support other countries that have the will but not the financial capacity.

Other critical factors for the sustainability of the response were highlighted, including local production of antiretroviral medications in Africa, improvement in the procurement of commodities through price negotiations and access and affordability to modern pharmaceuticals in all countries.

There was a strong call for a different approach to facilitating the transition of countries moving into higher income brackets, including supporting community-based programmes in the process. Community-based programmes often suffer the most during transition, as they are funded largely by international resources.

We also called for fully funding the needs of men who have sex with men, people who inject drugs, sex workers, transgender people and prisoners, particularly the young people among them, with a special focus on young women and adolescent girls and investing in communities and scaling up public-private partnerships.

The Panel stressed forcefully that the cost of inaction for individuals, communities, countries and regions was simply too high and that the world could not afford to miss this window of opportunity to make funding sustainable and reinvigorate the AIDS response over the next five years. Finally, as one of the panellists stated,

> "This is not so hard. This is a matter of money — and just a little bit."

The President: I now give the floor to the co-Chair of Panel Discussion 3, His Excellency Mr. Barnabas Sibusiso Dlamini.

Mr. Dlamini (Swaziland): It is my pleasure to present the co-Chairs' summary of Panel 3, on the theme "Getting ahead of the looming treatment crisis: an action agenda for reaching 90-90-90", which was held on 9 June from 11 a.m. to 1 p.m. I had the honour to co-chair the Panel with His Excellency, Mr. Ruhakana Rugunda, Prime Minister of the Republic of Uganda. The key messages emerging from the Panel were as follows.

The Panel considered that, while reaching the 90-90-90 target was essential to ending the AIDS epidemic by 2030, the current level of HIV treatment coverage was not sufficient to prevent the large number of AIDS deaths that occur today or to keep the epidemic from rebounding in many countries. There must be a further massive scaling-up in the provision of antiretroviral therapy, and that needs to happen as fast as possible.

The front-loading of increased investment to scale-up and sustain uninterrupted access to treatment within the next five years is imperative to ending the AIDS epidemic. Low- and middle-income countries need to increase domestic funding in accordance with their fiscal capacity and proportional to their burden of disease. However, many countries cannot afford to fund the required scale-up solely from domestic sources; therefore, sustained support from the international community is imperative.

New sources of financing also need to be found, including innovative financing and from public-private partnerships. Universal health care offers an opportunity to finance HIV services for all.

To access high-quality medicines at the lowest cost, countries need to fully leverage their negotiating potential by pooling procurement, voluntary licensing mechanisms and/or use flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights. The industry needs to further explore options for tiered pricing and differentiated intellectual property strategies.

In many countries, the first "90" is the bottleneck for the rest of the care cascade. To close the testing gap, appropriate strategies for people living with HIV to learn their status need to be put in place, including focused services based on epidemiology. Self-testing and community-based testing must be scaled up. Further task-shifting, integration and decentralization of HIV treatment services are critically needed, including community-based service-delivery, differentiated models of treatment and care and innovative public-private partnerships.

Data and information should be used to guide decisions to invest in testing and treatment services in specific populations and for key populations. The United States Global AIDS Coordinator announced a new President's Emergency Plan for AIDS Relief investment fund for key populations.

Opportunities to use HIV services as an entry point for other health services must be maximized. There is an urgent need for innovation in developing new HIV drugs, regimens and formulations, including for newborns and children, as well as new business models for making state-of-the-art drugs available to low- and middle-income countries.

Countries that currently have low treatment coverage need to redouble their efforts with increased political commitment, sufficient resources and a focus on the population groups that are most affected.

The Panel concluded that ending the AIDS epidemic was ambitious, but within reach. The path to reaching the 90-90-90 target is clear, and we all have a critical role to play in it.

The President: I now give the floor to the co-Chair of Panel Discussion 4, His Excellency Mr. Alexis Nguema Obame.

Mr. Nguema Obame (Gabon) (*spoke in French*): It is my pleasure to present the co-Chairs' summary of the salient points of Panel Discussion 4, on the theme "Leaving no one behind: ending stigma and discrimination through social justice and inclusive societies", which was held on 9 June from 3 p.m. to 5.30 p.m. His Excellency Mr. Paul Biyoghe Mba, First Vice-Prime Minister of the Gabonese Republic, had the honour to co-chair this Panel with His Excellency Mr. Faustin Archange Touadera, President of Central African Republic. The key messages emerging from this thematic panel were as follows.

Many speakers recalled that the AIDS epidemic was more than a medical issue; it was one of human rights. The epidemic has revealed social and legal fractures and gaps between nations and within communities. In all countries, socially vulnerable and marginalized individuals and communities, including women, adolescent girls, prisoners, migrants, sex workers, men who have sex with men, transgender persons and people who use drugs, continue to bear the highest burden of the epidemic.

It was noted that AIDS had exacerbated levels of stigma, prejudice, discrimination and even violence towards those living with HIV or vulnerable to infection. Forced sterilization and coerced abortion of women living with HIV have been documented in at least 14 countries, which is a violation of their sexual and reproductive health and rights. People living with, and vulnerable to, HIV have demanded protection against stigma and discrimination and have called for justice, dignity, fairness and access to health services for all, including comprehensive harm-reduction services for people who use drugs.

Progress has been made in efforts to measure stigma and discrimination, including through the People Living with HIV Stigma Index. Focused programmes are reducing stigma and discrimination in diverse settings, including health facilities, schools, workplaces and faith communities. Speakers shared important examples of how people living with, and vulnerable to, HIV had successfully advocated for legal and policy reforms, including the lifting of HIV-related restrictions on the entry, stay and residence for people living with HIV and ending the criminalization of HIV transmission.

While there had been some progress, the panellists and speakers expressed their serious concern about the slowness of the reforms and observed that much more remained to be done to address the exclusion and marginalization that prevented key populations from being able to benefit from the services available to put an end to AIDS.

We must increase investment in programmes to advance human rights and reduce stigma and discrimination, including through the key human rights programmes referred to in the 2011 Political Declaration (resolution 65/277, annex) and reiterated in the 2016 Political Declaration.

Data systems must include all affected populations, and Governments need to make full use of those data to inform programming and drive progress. Speakers emphasized that the 90-90-90 goals should be a first step towards ensuring that no one was left behind. Otherwise, 10 per cent of the population would continue to remain at the margins and the 2030 Sustainable Development Goals (resolution 70/1) would not be achieved.

The response to AIDS has inspired broader efforts aimed at combating structural inequalities and vulnerabilities, and as such serves as a pathfinder for more inclusive societies, as set forth in the 2030 Agenda. Speakers commended the ambitious plan set in the 2016-20121 strategy of the Joint United Nations Programme on HIV/AIDS. It provides a road map to end AIDS by 2030 by ensuring healthy lives for all, as set forth in Sustainable Development Goal (SDG) 3, while fully committing to the principles of equality enshrined in SDGs 5 and 10 and SDG 16, which are essential to leaving no one behind. Future success requires equal opportunities for women, including protection against discrimination and domestic violence.

Within those efforts, sustainable access to life-saving medicines will require addressing the intellectual property regimes that prevent millions

of people from gaining access to HIV, hepatitis, tuberculosis and other treatments. Several statements underscored that that must remain a priority social justice issue, so that intellectual property rights do not take precedence over public health and over the right of any persons living with HIV to have access to life-saving medicines.

Leaving no one behind is a human rights-imperative and a public-health necessity. Civil society advocacy and programmes require increased support and investment, and mechanisms such as the Robert Carr Fund play important roles in directing resources to civil society. The active participation of all stakeholders is essential to success and to creating ownership and effective, sustainable action. Faith communities and the private sector are vital partners.

Human rights efforts and programmes must be fast-tracked in order to overcome legal and other barriers that hinder efforts to reach everyone, wherever they are, with the services that they need. The world will not end the AIDS epidemic without efforts aimed at ending discrimination, challenging exclusion and advancing social justice.

The President: I now give the floor to the co-Chair of Panel Discussion 5, His Excellency Mr. Mothetjoa Metsing.

Mr. Mothetjoa Metsing (Lesotho): It is my great honour and privilege to present the co-Chairs' summary of Panel 5, on the theme "Children, adolescent girls and young women: preventing new HIV infections", which was held on 10 June from 10.00 a.m. to 1.00 p.m. I had the honour to co-chair the Panel with Her Excellency Ms. Ava Rossana Guevara Pinto, Vice-Presdient of the Republic of Honduras. The key messages emerging from the Panel were as follows.

Many speakers acknowledged and commended the significant progress evidenced by new HIV infections having fallen by 35 per cent between 2000 and 2014 and the commitment to ensuring that no babies are born with HIV and that mothers are kept alive and well. However, panellists strongly emphasized that much more needed to be done to ensure that no one was left behind. All speakers reaffirmed the need for the HIV response to focus on reducing the disproportionate and heightened vulnerability of women and adolescent girls.

The discussions emphasized that there was no magic bullet. We need a combination of efforts to address the sexual and health needs of adolescent girls and young women to effectively reduce their risk of HIV. That requires concrete and pragmatic interventions that are evidence-based and comprehensive and cover biomedical and structural interventions. The aspect of child-, early and forced marriage was mentioned by several speakers and participants from the floor. Examples of legislation making child marriage illegal were highlighted, as well as actions ensuring that girls were kept in school and communities were sensitized to harmful cultural practices, including "harmful masculinities".

Speakers further stressed the need for addressing harmful cultural norms through which older men engage with young women, thereby increasing young women's vulnerability to HIV and gender-based violence. That was emphasized as a global problem. It was also emphasized that the sexual and reproductive health and rights of women living with HIV needed to be fulfilled and protected, and no woman should be subjected to forced sterilization.

Speakers reaffirmed that there would be a challenge in dramatically reducing new HIV infections among young women and girls within the next five years. However, it was agreed that it would be possible if we invested in a holistic approach that combined social protection and economic empowerment, including the provision of cash transfers, scaling up school enrolment, addressing gender-based violence, scaling-up comprehensive sexuality education and ensuring sexual and reproductive health services for adolescent girls, young women and their partners, including for key populations.

Many speakers reiterated the following key areas for joint global action: developing coordinated and multilayered approaches that addressed adolescent girls and young women; funding, engaging and building on the knowledge of a strong and vibrant youth and women's platform, including young women living with HIV and adolescents and youth in all their diversity; involving local and national institutions to ensure the sustainability of programmes; targeting adolescents and young people, with a focus on girls and young women, whereby they have access to quality secondary education, including comprehensive sexuality education that addresses gender equality and gender-based violence; and scaling up comprehensive HIV and gender-based violence prevention programmes, including the provision of new technologies such

as pre-exposure and post-exposure prophylaxis. Services and health-promotion efforts that target the male partners of adolescent girls and young women, including testing and condom access, need to be scaled up. That will ease the burden of responsibility on adolescent girls and young women. We must invest in communities in which young women and adolescent girls are safe, empowered and protected from violence. Furthermore, men and boys need to be engaged in the promotion of gender equality and the prevention gender-based violence. Finally, programmes for prevention of mother-to-child transmission need to be fully funded.

Everybody on the panel concurred that we can dramatically reduce the number of new infections within the next five years. That reminded one participant of what an African slave once said:

> "There is no rope long enough to bind people who refuse to submit, and sooner or later the rope has to be cut".

We also have to refuse to submit to this scourge, and sooner or later we will have to cut the vicious cycle of the disease.

The President: We have come to the end of three fully engaging days of discussion, and I thank the Chairs of the interactive panels for providing such thorough and concise summaries. Overall, we have heard about the great progress that has been made in the fight against HIV/AIDS, thanks to the concerted efforts of Governments, business, international partners, young people, women's groups, activists and everyday citizens living with HIV. We have heard about the pain, suffering and exclusion that millions of people living with HIV and their families experience, and that millions more are likely to experience, especially those in key populations, unless things change.

But we also heard about hope and possibility. We heard again and again that, together, we have the power, the resources, the knowledge and the technology to fast-track our HIV/AIDS response and to make ending the AIDS epidemic one of the first and one of many amazing successes of the era of the Sustainable Development Goal (resolution 70/1).

The question now, however, is whether we have the will and the humanity to make that happen or not. The strong statements of intent by many Member States and others these past few days suggest that we do, as indeed does the forward-looking Political Declaration unanimously supported two days ago (resolution 70/266, annex). I commend all delegations for their understanding in reaching consensus and for their commitment to raising the level of ambition.

I would also like to reiterate my congratulations to the facilitators of the successful negotiations, namely, Ms. Mwaba Patricia Kasese-Bota, Permanent Representative of Zambia; Mr. Jürg Lauber, Permanent Representative of Switzerland; and their teams. On behalf of the General Assembly, I thank all of them very much indeed. Lastly, I wish again to thank Mr. Michel Sidibé and the entire team of the Joint United Nations Programme on HIV/AIDS; and all within the United Nations and beyond who helped ensure that this high-level meeting was a success.

In conclusion, this epidemic has haunted the lives of millions and denied them their human dignity for far too long. The time for that to change is now, and the opportunity to do so has never been greater. Let us therefore get to it. I thank participants for their participation in this important meeting. I wish everyone a good further journey.

The meeting rose at 5.55 p.m.